BINDING

FOR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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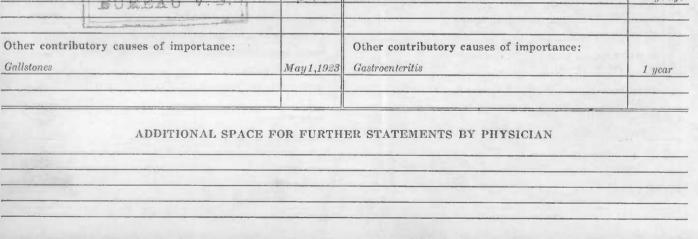
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	46)
County Lirederich	Registration Dist. No. 192
Village or City Much Clateran	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah Pargenia al	ralt
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)  Married	21. DATE OF DEATH Feb 29 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Fraster about	1929 19 to Let 28 193
6. DATE OF BIRTH (month, day, and year) Oct 27/873	I last saw heer alive on Fig. 28 1932; death is sal
7. AGE Xears Months Days If LESS then	to have occurred on the date stated above, at 7 Comm.
Error 52 4 10 1 day, hrs	mere se follows.
8. Trade, profession, or particular	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Hausheefung	Corcuous of
9. Industry or business in which work was done, as SILK MILL,	Colone and of class
SAW MILL, BANK, etc	
this occupation (month end 30th spant in this year) 1934 occupation 30th	
12, BIRTHPLACE (city or town) middle tous	Other Cautributary Causes of importance:
(State or country) maryland	
13. NAME Lewis Shanh	
14. BIRTHPLACE (city or town) middle tour	Neme of operation Date of
(State or country) Prioryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Suran Shame	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Susan Shorter 16. BIRTHPLACE (city or town) Middle town	Accident, suicide, or homicide? Date of injury, 19
(State or country) maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT FLASTER About (Address) med detorum and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Middletown Oate March 1937	Nature of injury
19. UNDERTAKER & 7 14. Gladhill (Address) Widdle town	24. Was disease or injury In eny way related to occupation of deceased?
20 EUER March letis & Gray am Proper	(Signed) RU Harre M.
Registrar.	(Address) We Ille Corey

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Arteriosclerosis	, a har hard but had been a	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	A	July 5,1927	Peritonitis	3 days ago
	BULLAU V.S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Friding Ch.	CERTIFICATE OF DEATH
Value and the second	Registration Dist. No. 4/
Village or City Brunspick (No. 2FULL NAME Sarah Elizabeth	St.: Ward)  Albert (if death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Wildow Or DIVORCED (Write the word)	16 DATE OF DEATH 76. (Month) (Day) (Year)
6 DATE OF BIRTH 27, 1863 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw halive on 192 192
7 AGE  6 8 yrs. 7 mos. 4 ds. or min.	The CAUSE OF DEATH * was an follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. d
9 BIRTHPLACE (State or country)	Contributory Secondary Yrs
10 NAME OF Edward Riley  10 II BIRTHPLACE	(Signed) Knn M. I.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mariah Lants  13 BIRTHPLACE OF MOTHER (State or Country)  Mel	IS LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosd  Where was disease contracted,
(Informant) Herman albert	if not at place of dea h?  Former or usual residence
(Address) Ounswick Ind  15 Filed Feb 1 182 Mm. H. S. Hedges Registral	Park Hughts unment of Feb 3, 123
	ar, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Doy laborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationery fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile foctory. The For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-For persons who have no occupation Locomotive engineer, material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid st\_ted unless important. carbolic acid-probably suicide. The n-ture of the injury "E.haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: A ccidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," (secondary or intercurrent) affection need not be (Recommendations on statement of cause of death 'Congenital,' "Senile," etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B. Bourne

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Example IEIVED		
Date of onset	of importance were as follows:	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
Abr.		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset    Date of onset

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	L OF MARTLAND	CERTIFICATE OF DEATH 01620
County Frederi	-6	Registration Dist. No./2/=
	<i>U</i> -	·
Village or City	raig	NoSt.,War If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town		sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME EL	uc R Benn	er
(a) Residence: No. Truc	ckaig:	St., Ward.
	(Msual place of abode)	If nonresident give city or town and State
	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fimale 4. COLOR OF RA	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  J
HUSBAND of (or) WIFE of	1.	
(or) WIFE of Wyse of	Der. Benner	22.   I HEREBY CERTIEY Tight I ettended deceased from 10 1932 to J' LV. // 1932
. DATE OF BIRTH (month, day, and year	July 25 1822	1 Jastsaw h. 22 alive on F. el. 10 ,1931; death is sa
	nthe Days If LESS than	to have occurred on the date stated ebove, at
54 6	16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	ormin.	were as follows:
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc.	ER. House wile	to be ones interstitionally to 14.
9. Industry or business in which		on conservation a magnitude
work was done, as SILK MILL SAW MILL, BANK, etc		-
	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	anyland	A 4 11.
(State or country)	D:	Voule supprision
13. NAME Cacolo	Tulinger	· V
14. BIRTAPLACE (city or town)	naryland	Name of operation Date of
(State or country)	1	What test confirmed diagnosis? Was there an eutopsy? N
15. MAIDEN NAME	ca Hartoock	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (CHY or town)	nandans	Accident, suicide, or homicide? Dete of injury
(State or country)	1	Where did Injury occur?
7. INFORMANT TWO. Sec. 15	J. Benner	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	0. 10 1 15	Manner of injury
Placelmon Clip	Lel Date Feb. 13, 19 30	Nature of injury
9. UNDERTAKER TWO. 12	y Putman	24. Was disease or injury in eny way related to occupation of deceased? NO
	tra mccusle:	(Signed) M. Amuh M. Am
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

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- AUNAUV.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH (11621
1. PLACE OF DEATH	62-0
County trederick Co	Registration Dist. No. 138
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 8. Cyrs	ds. How long in U.S.If of foreign birth?
2. FULL NAME Villiam Crang	e Viooko
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH Jel. 12 1932 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Reference ages	22. I HEREBY CERTIFY. That I attended deceased from 1904 195, to 2-12, 1932
6. DATE OF BIRTH (month, day, and year) March 1836 7. ACE Years Months Days If LESS than	I last saw h Lee aliva on 2 , 1932 death is said to have occurred on the data stated above, at
95 1/ Panknow ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trede, profession, or perticular kind of work dona, as SPINNER, Flam Frahoren SAWYER, BOOKKEEPER, atc.	Cerebral appleage 79/32
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data daeased last worked et this occupation (month and	
O 10. Data daceased last worked et this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importanca:
1 Care	were selevost pron
13. NAME (Interdiction of the second of the	Name of operation
15. MAIDEN NAME Canken	What tast confirmed diagnosis? Wes there an autopsy?  23. If death was dua to external causas (VIOLENCE) fill in also the following:
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∑ (Stata er country) ●	Where dld Injury occur? (Specify city or town, county and State)
17. INFORMANT And to the (Address) P 7 D #1 2 Predend Mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bantons will Rubble 2 15 , 1932	Mannar of injury
19. UNDERTAKER Stry Carty Carty (Address) Friedrich might	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Feb 15, 1932 Lescons R. Falones.	(Signed) G. J. Louis M. D. (Address) J. L. Alexander M. D.
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11.—The number of years the deceased followed the occupation.

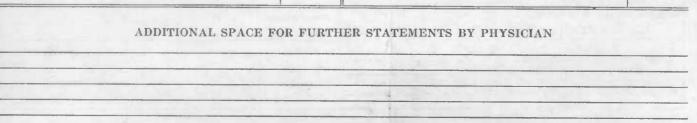
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic intenstitical months	1921	- · · · · · · · · · · · · · · · · · · ·	1 week ago
		Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S	A Partie		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



Legistrar.

If more blanks are needed, addre State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I			Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	D 4 1932 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PRAU V. 3.	July 5,1927	Peritonitis	3 days ago
the second of	and the second and th			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

5. J. Thomas.

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY A UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY, W

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 01623
1. PLACE OF DEATH	
County Frederick	• Registration Dist/ NO.
Village or City Near Union Bulla	watermanle Massichard
a / (If	death occurred in a hospital or institution, give its NAME instead of freet and number)
Length of residence in city or town who e death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Our	who by
(a) Residence No./ Uman Sudj	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	21. DATE OF DEATH
OR DIVORCED (write the word)	teh 2 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 0   HEREBY CERTIFY That Lettended deceased from
territoria de la constante de	Jan. 200 0 0 100 1
6. DATE OF BIRTH (month, day, and year)	1 Vist saw h malive on the said
7. AGE Years Months Bays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2
82 / b   97   or min.	were as follows: Date of Englanding Date of Soften
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEPER, etc.	Ang vacan Communica
SAWTER, BOUNKEFFER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  S-Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	4
	//
year)oc:upation	Other Contributory Capers of importance:
12. BIRTHPLACE (city or town)	Old OSC January and
(State or country)	bytishing of Protected
14. BIRTHPLACE (city or town)	Decorded
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?///
15. MAIDEN NAME Sarah Moalo  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
m. Elle Bus a	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Amon Bulle Ma	Specify whether injury occurred in thousand, in front, or in robbit FEAUE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mil Jun School Date Tech, 3, 1932	Nature of injury
10 HADERTAKER M L COLEMA IN Hans	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILED FILED FILED 3 1932 THE Confession	(Signed) John M. M. D. M. D. M. D.
Registrar.	(Address) Sylmorule, Ind,
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore Requesting T. S. No. x

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 2 1932	1921	Run over by street car	1 weck ago
Cerebral hemorrhage V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year
		A A	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE

V. S. No.

OTTIE OF MARKETERING	OLIVINIONIE OF BEATIN
1. PLACE OF DEATH	23
county ctrederick.	Registration Dist. No.
Village or City State Sanalorum	St. Ward
Length of residence in city or town where death occurred vrs. / _mos.	death occurred in a horbital or institution, give its NAME instead of street and number)  4. ds. How long in U.S. if of foreign birth?yrsds.
	LICAL ON LOS.
2. FULL NAME COMUS VILLA	more of the
(a) Residence: No. 6 4 3 A MUXOSYM (Usual place of abode)	St., Ward. Bollin nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
Oct 3 1917	FOR 10 (ALD 19.32
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h
9 4 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0 0 1 1 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and O). A control this	Villmonory Werculosis
SAW MILL, BANK, etc	
this occupation (month and of, 1931 spant in this occupation when	)~~
12. BIRTHPLACE (city or town). Baltimore Ma.	Other Coutributory Causes of importance:
(State or country)	
II 13. NAME J. W. BURD Dr.	
13. NAME 1. W. BUD Dr.  14. BIRTHPLACE (city or town) - An arry and	Name of operation Whe Date of
(State of country)	What test confirmed diagnosis Chest X May + Ros Was there an au opsy? No-
15. MAIDEN NAME Saidle Martin  16. BIRTHPLACE (city or town) 2 vidiana  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) & Maiana	Accident, suicide, or homicide?Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT W. YSULD ST.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place 3 alto Mil Date unknown	Manner of injury
MA P POQUE	Nature of injury.
19. UNDERTAKER VI (Address) Thurman to the control of the control	24. Was disease or injury in any way related to occupation of deceased?
Michiel Miller	(Signed Alwart & Anatherm p. 1
20. FILED Registrar.	(Ardress) State Sanctoring my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	==7	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 3 1982	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
	I was recovered to be a fine or	we		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



V. S. No. 1

1. PLACE OF DEATH  County  Village or City, Medicula County  Village or City, Medicula County  Village or City, Medicula County  (a) Residence: In city or town where death occurred  yrs.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01625
Village Dr City. **Treatments** Use A Board American St. Ward Heath occurred in a hoogist or institution, give its NAME instead of street and number)  2. FULL NAME  (a) Residence: Not. Create (Usual-place of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  COLOR OR RACE  5. SINCE, MARIED, WIDOWDD, Only 12 of Color Of RACE  5. SINCE, MARIED, WIDOWDD, Only 12 of Color Of RACE  5. SINCE, MARIED, WIDOWDD, Only 12 of Color Of RACE  5. SINCE, MARIED, WIDOWDD, Only 12 of Color Of RACE  6. DATE OF BIRTH (mouth, day, and year) Alle S  8	1. PLACE OF DEATH	
Village Dr City. **Treatments** Use A Board American St. Ward Heath occurred in a hoogist or institution, give its NAME instead of street and number)  2. FULL NAME  (a) Residence: Not. Create (Usual-place of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  COLOR OR RACE  5. SINCE, MARIED, WIDOWDD, Only 12 of Color Of RACE  5. SINCE, MARIED, WIDOWDD, Only 12 of Color Of RACE  5. SINCE, MARIED, WIDOWDD, Only 12 of Color Of RACE  5. SINCE, MARIED, WIDOWDD, Only 12 of Color Of RACE  6. DATE OF BIRTH (mouth, day, and year) Alle S  8	County tredering 21/	Registration Dist. No. ) 2 =
2. FULL NAME  (a) Residence: No. Out of Charles (Charles of bloods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED  GR. GROUNDERS (Month)  1. SAN If married widowed, padwored (Gro) wife of Gro)	Village or City Frederick City X 150	Mod St., Ward
(a) Residence: No. Orlean (Usualece of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  1. COLOR OR RACE  3. SINCLE, MARKERD, WIDDWED, OBLIVENCE OF DEATH  3. SEX  1. COLOR OR RACE  3. SINCLE, MARKERD, WIDDWED, OBLIVENCE OF DEATH  3. SEX  1. COLOR OR RACE  3. SINCLE, MARKERD, WIDDWED, OBLIVENCE OF DEATH  3. If merried, videwed, se, devorced (or) WIFE of Orlean State of Orlean	Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?wyrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  COLOR OR RACE  S. SINCIE, MARRIED, WIDOWED, OBDIVORCED (curic the word)  GBDIVORCED (curic the word)  T. AGE  Years  Months  Days  If LESS than  I last saw M	2. FULL NAME Carlasle Mis Oli	re V.
2. SEX COLOR OR RACE S. SINCLE, MARRIED, WIDOWED CR. DIVORCED Carriet lits words (Month) (Day) (Year)  5a. If married, widowed, ap-divorced (Month) (Day) (Year)  6. DATE OF BIRTH (Month, day, and year) (IC & 866)  7. AGE Years Months Days If LESS than I day, hrs. Trede, profession, or particular SAYVER, BODKNEEFER, etc.  8. Index or business in which the SAYVER, BODKNEEFER, etc.  9. Index or business in which the SAYVER, BODKNEEFER, etc.  10. Date decased last wreted at this occupation (month and ACC) occupation (State or country).  11. BIRTHPLACE (city or town) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME ALL CONTROLLED (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT DAY ALL CONTROLLED (State or country)  18. BURIAL (SEYMATION, OR BEDEVIN) (Month) (Day) (State or country)  19. UNDERTAKER (Address) (Address) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Address) (Signed) (Address)		
Sa. If married, wishowed, as diworced HUSBAND of Corp. VIFE of Control of Corp. VIFE o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, gudworced HUSBAND (AND STATE OF BIRTII (month, day, and year) Please of Months Days If LESS than 1 day.  7. AGE Years Months Days If LESS than 1 day.  8. Trede, profession, or particular law, and year) Please of min.  8. Trede, profession, or particular law, and year) Please of min.  8. Trede, profession, or particular law, and year) Please of min.  8. Trede, profession, or particular law, and year) Please of min.  8. Trede, profession, or particular law, and year) Please of min.  8. Trede, profession, or particular law, and year) Please of min.  8. Trede, profession, or particular law, and year) Please of min.  9. Instruction of the date stated above, at Please of the hade stated above, at Please of min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. Instruction of the date stated above, at Please of the law of the date stated above, at Please of the law of the date stated above, at Please of the law of the date stated above, at Please of the law of the date stated above, at Please of the law of the date stated above, at Please of the law of the date stated above, at Please of the law of the date stated above, at Please of the law of the law of the date stated above, at Please of the law of the date stated above, at Please of the law of		Tel. 22 193 2
5. DATE OF BIRTII (month, day, and year) Resident of the selection of the date stated above, at 19 J = 10 does not	5a. If married, widowed, or diworced	
To have occurred on the date stated above, at	(or) WIFE of Odward Carlisle	
S. Trade, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, or particular kind of work done, as SPINNER, profession, as SPINNER, profe	6. DATE OF BIRTII (month, day, and year) Nec 8 - 1866	I last saw h alive on \$\frac{1}{2} \display \dinploy \display \dinploy \dinploy \display \display \display \display \display \display \d
S. Trede, profession, or particular services of the profession of the professi		
SAWYER, BORKEFER, etc.  10. BIRTHPLACE (city or town)  (State or country)  11. INFORMANT DE ALLE (CITY or town)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. MAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT DE ALLE (CITY or town)  (State or country)  18. BURIAL (DEPNATION) OR REMOVAL (MAIDEN)  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED 3 - Pally, 1982 Dray (Marchau)  19. UNDERTAKER  (Address)  20. FILED 3 - Pally, 1982 Dray (Marchau)  Registrar.  (Address)		ware or fullanted
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT  18. BURIAL, CREMATION, OR REMOVAL  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 2.3— Fully, 1932 Dray Importance:  Other Contributory Causes of importance:  Other Contributory Causes  Other Contributory Causes  Other Contributory  Other C	8. Trede, profession, or particular kind of work done, as SPINNER, John SPINNER, SAWYER, BODKKEEPER, etc.	Diabetes Melliture
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT  18. BURIAL, CREMATION, OR REMOVAL  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 2.3— Fully, 1932 Dray Importance:  Other Contributory Causes of importance:  Other Contributory Causes  Other Contributory Causes  Other Contributory  Other C	9. Industry or business in which work was done, as SILK MILL.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town). (State or country).  23. NAME  14. BIRTHPLACE (city or town). (State or country)  24. Was there an autopsy?  25. If deeth was due to external causes (VIOLENCE) fill in also the following:  26. Accident, suicide, or homicide?.  27. INFDRMANT  28. BURIAL, CREMATION, OR REMOVAL, Prince  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 23. Fully, 1932 Dray Muclinder  21. Registrar.  Other Contributory Causes of importance:  Other Contributory Causes  Other Contributory Causes  Other Contributory	SAW MILL, BANK, etc.	Chronic lephritis.
Other Contributory Causes of importance:  Other Contributory Causes of importance in importance in its of importan	this occupation (month and 100303) spant in this year)	
(State or country)    13. NAME     14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFDRMANT   18. BURIAL, CREMATION, OR REMOVAL   19. INFORMANT   19. I	Do d	Other Contributory Causes of importance:
13. NAME ISON State of country  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (State or country)  18. BURIAL, CREMATION, OR REMAYAN, Union Country and State)  18. BURIAL, CREMATION, OR REMAYAN, Union Country and State (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  24. Was disease or injury In any wey related to occupation of deceased?  18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER (Address)  24. Was disease or injury In any wey related to occupation of deceased?  18. Specify (Signed)  25. FILED 23 - Fully, 1932 Data MacQually (Signed)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 23 - Fully, 1932 Data MacQually (Signed)  19. UNDERTAKER (Address)		Ben of Fal (Like
14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Westhere an autopsy?  23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of Val. 19.  What test confirmed diagnosis?  Westhere an autopsy?  24. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of Val. 19.  What test confirmed diagnosis?  Westhere an autopsy?  25. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of Val. 19.  What test confirmed diagnosis?  Westhere an autopsy?  26. Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Manner of Injury  Neture of injury.  19. UNDERTAKER  (Address)  Was disease or injury In any wey related to occupation of deceased?  If so, specify  (Signed)  M. D  Regigiar.  (Address)  Address)  Address  Ad	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the state of the
What test confirmed diagnosis?  What test confirmed diagnosis?  We there an autopsy?  We there an autopsy?  What test confirmed diagnosis?  What test confirmed diagnosis?  We there an autopsy?  We there an autopsy?  We there an autopsy?  23. If deeth was due to external causes (VIOLENCE) fills in also the following:  Accident, suicide, or homicide?  Date of Injury.  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address)  Manner of injury.  Neture of injury.  19. UNDERTAKER  (Address)  We there an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address)  Manner of injury  Neture of injury  24. Was disease or injury In eny wey related to occupation of deceased?  If so, specify  (Signed)  (Signed)  M. D  County M	HE TO THE TOTAL OF	Hand and the first of the property of the 19"
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT Believed  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 23 - Felly, 1932 Frag McClurly  21. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  Where did injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER (Address)  16. so, specify  Manner of injury  Neture of injury In eny wey related to occupation of deceased?  (Signed)  (Signed)  M. D  Regisfrar.  (Address)  M. D  Regisfrar.  (Address)	(State or country)	
(Specify city or town, county and State)  17. INFORMANT BOWAL WILLIAM Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL WILLIAM SPICE Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER AS COLUMN SPICE SP	15. MAIDEN NAME COSTL	
(Specify city or town, county and State)  17. INFORMANT BOWAL WILLIAM Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL WILLIAM SPICE Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER AS COLUMN SPICE SP	T IS BURYUDI ACE (situ as house)	
Specify city or town, county and State)  17. INFDRMANT BOOK Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address)  Manner of injury  Neture of injury.  19. UNDERTAKER  (Address)  18. Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address)  Neture of injury  24. Was disease or injury In eny wey related to occupation of deceased?  (Address)  18. Specify city or town, county and State)  Specify city or town, county and State)  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Address)  Manner of injury  Neture of injury  (Address)  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Address)  M. D  Regisfrar.  (Address)  M. D	(State or country)	
18. BURIAL, CREMATION, OR REMOVAL Unit of Manner of injury  Place Plage Town Date Fig. 35., 1932  19. UNDERTAKER And The Company of Manner of injury  19. UNDERTAKER And The Company of Manner of injury  24. Was disease or injury In any way related to occupation of deceased?  16 so, specify  17 Signed)  18. BURIAL, CREMATION, OR REMOVAL UNITY OF MANNER OF	7	(Specify city or town, county and State)
Place Magical Country Date Feb. 33, 1932 Neture of injury.  19. UNDERTAKER PROCESSION OF COUNTRY IN EAST OF		Manner of injury
19. UNDERTAKER (Address) 24. Was alsease of injury in eny wey related to occupation of deceased?  If so, specify  (Signed) (Signed) M. D  (Address) Tuderwise M. D  (Address) Tuderwise M. D	Place Clase town Date Feb 25, 1932	
20. FILED 23 - Felry, 1932 Fraf McCurly (Signed) A Chustur Vicinia M. D. Regisfrar. (Address) Frederick, Mrd,		24. was disease of injury in eny wey related to occupation of deceased?
	20, FILED 23 - Felry, 1932 Fra meandy	(Signed) A. Austur Velery M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

400	Example I	a marketing	Example II	
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial neg	hrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1902	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	SPACE FOR FURTHER STATEMENTS BY PHYS	SICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County Frank	CERTIFICATE OF DEATH
County / Manual County	CERTIFICATE OF DEATH
	Registration Dist. No. / 7/
Village or City Muss Suk (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME Jack And In	els stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule 4 COLOR OR RACE SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 . 2 . 1984  (Month) 31 (Day) 32 (Year)
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h 1 m alive on TR 15 19232
7 AGE [If LESS than	and that death occurred on the date stated above, at 4:00 am.
/ / g   day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	aute Slip- Colitis
(b) General nature of industry business, or establishment in	(Duration) , yrs, Ma mos. ds.
which employed or (employer)	Manual Han
9 BIRTHPLACE (State or country)	Contributory Secondary Cocking 19
10 NAME OF / B	(Signed) M. Da
FATHER JONG ROSE	2/2/ 1925 4 (Address) (1) UMWWW MA
OF FATHER (State or country)	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Maney Min Towns Monda	Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country)	of deathyrsds, Stateyrsds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Charley Woods	Former or usual residence
(Address) Busine & MA	Dellesson Ma The 22, 193
Filed 7 th 22 1932 Mrs. H.S. Huly W.	20 UNDERTAKER ADDRESS ADDRESS MA
If more b.anks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lug laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

3

permanently filed.

answered in detail, it will prevent further correspondence. All the

\*\*Letakus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) atic), "Atrophy." "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E.haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E.:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all earbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-If this certificate is looked over thoroughly and all quistions Chronic valvular heart disease; etc. The contributory Mcasles;

Every Item of information should be carefully supplied. ACE should me stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING WITH UNFADING INK--THIS IS A FOR RESERVED MARGIN WRITE PLAINLY N. B.--

V. S. No. 1

PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
1-00 P	Registration Dist. No. 12/
2FULL NAME M. Auston 9.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE SINGLE, MARRIED, MUDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH F.S., 9, 1983.  (Month) (Day) (Year)
6 DATE OF BIRTH  Sune 8, 1856  (Month) (Dsy) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1922 to Fift 9, 1922, that I last saw h malive on Fift 9, 1982
7 AGE  7 B yrs. 8 mos. ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Urberio-sclerosid
business, or establishment in which employed or (employer)	Contributory Accele Silatation of heart Secondary Duration) * Jyrs. × Jnos. 2 ds.
10 NAME OF FATHER Was Davis 11 BIRTHPLACE	(Signed) A M. A. T'el 10 1923 2 (Address) I'll derick The
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Canna Holy  13 BIRTHPLACE OF MOTHER (State or Country) West Vinginia	At place of death
(Informant) MAS. a. O. Davis	Where was disease contracted, if not at place of dea.h?  Former or usus! residence
(Address) Frederich R. F. D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL FUT 19 300
Filed 10-Fely 19232 Doa McQuelly Registrar	Mrs. K. G. Putman Wathersville
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more preuse are laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, (6) Automobile factory. The material (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Committee on Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1628
1. PLACE OF DEATH	C.	[2-0]	1040
County Frederick		Registration Dist. No. / 3/	<i>'</i>
VIITage or City Frederic	ch	No. 408 N. Bents St.	
Length of residence in city or town where death		death occurred in a hospital or institution, give its AME instead of street at ds. How long In U.S. if of foreign birth?yrs.	
Co 100.	Vara Cial al	berger	
(a) Residence: No. 408. N. J.	Day Vicine	St. 3 Ward.	
(a) Residence: No. 408. Of, O	(Usual plane of abode)	If nonresident a city or town a	and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S.	SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193-2 (Yaar)
5a. If married, widowed, or divorced HUSBAND- of (or) WIFE of Grancis Mo. (	Sichelberger	22. I HEREBY CERTIFY. That I attend	ad deceased from
6. DATE OF BIRTH (month, day, and year) Acro	12 1865	I last saw h_lx_aliva on Jeb 14 ,19.3	2; death is said
7. AGE Years Months of	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, a 2-55 Ani.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	or min.	Cerebral Okales	Date of onset
kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL OWN SAW MILL, BANK, etc.  1D. Date deceased last worked at Section of this occupation (month and	Thome	Course of a page	
1D. Date deceased last worked at this occupation (month and 1932)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Foredere	ch bo	Dther Contributory Causes of importance:	
(State or country) Moorylan	rd 1	arteres Octorosis	
13. NAME Moilton Core	itchles		
4 14. BIRTHPLACE (city or town) To eder	ich 68	Name of operation Date o	
(State or country) Moaryla	na	What test confirmed diagnosis? Was thera	
15. MAIDEN NAME Catherine	ich	23. If death was due to external causes (VIOL ENCE) fill in also the follow Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town) Froeder (Stata er country) Mossielas	nd)	Whore did injury occur?	, 1
17. INFORMANT Francis Mo. 6	ichelberger	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	Stale) PLACE.
18. BUBIAL, CREMATION, DR REMOVAL	ate Feeb 16, 1932	Manner of injury	
19. UNDERTAKER Thomas Ti (Address) Forderick	Mice Med	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify	
20. FILED 13 - Fely 1932 Fra / 1	m & Rendly	(Signed) Chysels Il Doces	ne M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 4627	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Mon 1,1923	Gastroe deritie	1 year
	10	The state of the s	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

F. Bourne

NOLL

V. S. No. 1

B

state infor

should

OCCUPA

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Address) -----

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1932	July 5,1927	Perilonitis	3 days ago
	BUREAU V.			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state SCORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. THE UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRIȚE PLAINLY, W.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 01630
1. PLACE OF DEATH	(3)
county Frederick w	Registration Dist. No. 14/
Village of City Pelersville	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Chulon	Firell
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male while married	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22.   HEREBY ERTIFY That I attended deceased from
(or) WIFE of Jama Selander	13/14 14/15 1932 TO 28 1932
6. DATE OF BIRTH (month, day, and year)	I last saw h. Man alve on Fut 18 1931 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8-50 Pm.
7/0 4 1/6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	wera as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SELLE ALLE ALLE ALLE ALLE ALLE ALLE ALL	<b>/</b>
industry or business in which work was done, as SILK MILL, General Farmura	Q 0 1 1 1 0 m 1511
SAW MILL, BANK, etc.	VOSIGNA HAGMADILARRE 4709
	N
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Marylane	las . A sayl . C.
(State or country)	Chieve ANTER Way Telles links
14. BIRTHPLACE (city or town) Maliflar	
14. BIRTHPLACE (city or town) Malley	Name of operation Mane Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May R. Bailes	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MOUTE BOULET	Accident, suicide, or homicide? Data of injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT MAR Colapson Ferrially	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bushvill Med R. D.	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Place Place Manual, 198	Nature of injury.
19, UNDERTAKER M. R. Olchison your	24. Was disease of injury in any way related to opcupation of deceased?
(Address) Frederick Ma	H so, specify Thanks & Shill lake
mouse 21/2 /29 was held Delan	(Signed) M. D. M. D.
20. FILEO JUL- 24, 1932 TMO. H.S. SHAGED, Registrar.	(Address) (A) [ MAII) [ MAII]
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	3	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	OF ALER	run	runinen	STUTINITINITIO	17 A	T YE T DY CATATA

V. S. No. 1 B

1. PLACE OF DEATH	
1. PLACE OF DEATH  County Frederick  CORPORATE	Registration Dist. No. 13/
Village or City + Acalemas	No Frederick Cly Defettes Ward
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?
2. FULL NAME MY DAMA W. HO	ale.
(a) Residence: No. About low made (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nor Divorced (writeths word) Male Market	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced AUSBAND of (or) WIFE of	22. FIREBY CERTIFY In attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 3/. 1569	last saw h. hm alive on Freb. 11 ,1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6.3 0 // lday, hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	chest.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40 years)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Shock, Lemorrhage
13. NAME 21 2 3. Fogle	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation. X Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME Margaret Cycle  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicige? Cocadian Date of injury File. 11, 19 32
(State or country)	Where did injury occur? On Specify eity or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Tree fell on him while
18. BURIAL, CREMATION, OR REMOVAL	Manner of injust
Place Horny fell Date Jake 14., 1932	Nother Marketing is down.
19. UNDERTAKER Powell & Bloungh	24. Was disease or injury in any way related to occupation of depased?
(Address) Woods voice Md	If so, specify of my Amilla
20, FILED 2- Fely 1982 Iral melinder	(Signed)

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ngo
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

Z

of OCCUPA-

	CERTIFICATE OF DEATH 01632
1. PLACE OF DEATH	(23)
County Ctrederice	Registration Dist. No.
Village or City State Sana Lorum	Ne- MOL. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William you	lvin
(a) Residence: No. 438 N. Payson	St. Ward Balto Md
(Uswal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warning to	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	(101)
CONTINUED YEAR I alvin	22. HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Sent 11. 1886	I law saw h As alive on Feb 1932, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:10P. m.
45 4 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or meticular	Date of onset
SAWYER, BOOKKEEPER, etc.	R A A .
work was done, as SILK MILL, SAW MILL, BANK, etc	) Mimorary ) wer culosis
A. Hade profession, or particular, or particular with a comparison of work dona, as SPINNER, Carlotte SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Total tima (years) spant in this occupation works are comparison to comparison with the comparison occupation with the comparison occupation with the comparison with the comparison occupation occupation with the comparison occupation occ	
10.01	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Y W W W W W W W W W W W W W W W W W W	
13. NAME William Talvin	
14. BIRTHPLACE (city or town) Mary and	Name of operation YUVL Date of
(State of Country)	What test confirmed diagnosis Chut X Noy & Pob Washiere an au opsy?
15. MAIDEN NAME Sarah Litchfield	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Sarah Litchfield  16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicida? Date of injury, 19
(Stata or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT William Jalum (on admission (Address) 438 n. Payson St. Balto ma	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place S ax lo . Mul Date my mown	Nature of injury
19. UNDERTAKER M-L. Creager	24. Was disease or Injury in any way related to occupation of deceased?
(Addiess) monoton ma,	If so, specify
20. FILEO OB - 19 Registrar.	(Signed) Lute Sanaturum M. O.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of dear of importance were as follo		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	6	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	13 64	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	12 20	July 5,1927	Peritonitis	3 days ago	
	10 10				
Other contributory causes	of importance:	1	Other contributory causes of importance:		
Gallstones	AL A	May 1,1923	Gastroentcritis	1 year	
		١			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

19. UNDERTAKER

(Address)

	13/2
	Registration Dist. No. 1212
	No/12 Cosest A/ St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
S.	death occurred in a norpital of institution, give its (VAIVIE, instead of street and number)  ds. How long in U.S. if of loreign birth?yrsmosds.
	1 11.
1	vill.
	St., Ward.  If nonresident give city or town and State
1	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH 7
1	(Month) 2 (Dey) (Year)
-	(Month) (Dey) (Year)
	22. HEREBY CERTIFY, That I stjended deceased Irom
-	19 teles 132 10 25 okly 1932
	19 Telie 182 25 Cely 1932 death is said
	to have occurred on the dete stated above, et 11.03
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	were as follows:
	Hungala 0
	and the second
	de se de Ti
	thysialogical firealution
-	Other Contributory Causes of importance:
	Other Contributory Causes of Importance.
	Name of according
-	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
_	23. If death was due to external couses (VIOL ENCE) fill in also the following:
1_	Accident, suicide, or homicide? Date of injury, 19
	Where did Injury occur? (Specify city or town, county and State)
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
-	Nature of injury
	24. Was disease or injery in any way related to occupation of deceased?
-	If so, specify

If LESS than

1 day, ....hrs

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

or .... min.

spent in this

occupation

S. No. 1

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	Example I		Example II	
of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of cpilepsy	1 week ago
Chronic interstitial ne	hritis 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	WAR 4 1932	July5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CTATE OF MADVI AND	CERTIFICATE OF DEATH	
	CERTIFICATE OF DEATH	634
1. PLACE OF DEATH	(8)	
County Frederich	Registration Dist. No./ 2/=	
Village or City Near Gellow Aprings	NoSt.,Steach occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where daath occurredyrs,mos		
2. FULL NAME (Buline Engline)	Grimes	
(a) Residence: No. Maar Yellow Guring's	St Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)		193. 2
5a. If married, widowed, or divorcad	(Month) (Oey)	(Year)
HUSBANO of (or) WIFE of	1 HEREBY CERTIFY. That I attended da	caasad from
	1	., 19.3.2
6. DATE OF BIRTH (month, day, and year) /2-2/ 1927	Mast saw have alive on Feel 3, 1932,	death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the deta steted above, at 9m.	
7 / 2 / 12 ormin.	wore as follows:	Oate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,		
SAWYER, BOOKKEEPER, etc.	9	J
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decased last worked at this occupation (month and specific property).	Pronalo-ference	tel 2.31
10. Date deceased last worked at 11. Total time (years)		
this occupation (month and spent in this occupation occupation		
12. BIRTHPLACE (city or town) Theolenik Co	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Preducing (State or country)	Scarlet France	
13. NAME John W Grimes	harten tis	
13. NAME John W Sprines  14. BIRTHPLACE (city or town) Clary Co	Name of operation Deta of	
(Stata or country) alahama	What test confirmed diagnosis? Wes there an auti	onsy?
15. MAIDEN NAME Mand B Goodner	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Montgomery Co	Accident, suicide, or homicide? Oate of Injury	19
(Steta er country) arkensan	Whera did injury occur?	
17. INFORMANT John W Brumes (Addrass) N 7D 3 Frederice Co Mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL Mr Climet Comety	Manner of injury	
Placa Prederick Date Reh 5 , 1932		
112 9 02 1-	24. Was disease or injury in any way related to occupation of deceased?	0
19. UNDERTAKED Any Cary (Address)	If so, specify	
	(Signed) BOTherway	M. D.
20. FILED 7 - Felemay 1982 Cra Michiery:	2 10 100	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
3.5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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TION is very important.

V. S. No. 1

1. PLACE OF DEATH	96)
County Frederick	Registration Dist. No. 13 4
Village Dr City Emitshing	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1. 11 Re	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME J. Harry Trac	0
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tucole white married	Feb. 22
5a. If married, widowed, or diversed	(Month) (Day) (Year)
HUSBAND of Charles &. Gross.	Jan. HEREBY CERTIFY That dattanded deceased from
6. DATE OF BIRTH (month, day, and year) Sec. 30 1869	last saw h im aliva on Feb. 22 ,192; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 _ 3 Omp m
62 / 22   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Retired SAWYER, BOOKKEEPER, etc.	Arteriosclerosis several
	Anurysm desc.acrta unknown
Industry or business in which work was done, as SILK MILL, Salesursy SAW MILL, BANK, etc	Chronic myocarditis several yrs
Did Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Washington (State or country)	Other Contributory Causes of Importance:  Terminal congestive pneumonia  3 days
13. NAME Herr & Error	Jays
13. NAME Heury S. Froes  14. BIRTHPLACE (city or town) Schedul City	Name of operation
(State or country)	Name of operation.  Clinical exam. & X-ray Was there en europsy?  What test confirmed diagnosis?
15. MAIDEN NAME Corperling Feeling es	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Berneset City	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Curs. F Horry Gross (Address) Emitables red	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Efinishingled Date 2/24, 1952	Nature of injury
19. UNDERTAKER W. J. Shafe J. (Address) Emultablished	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED Feb 23, 1932 M. F. Shuff Registrar.	(Signed) W.R. Caste M.D.
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	e I		Example II	
The principal cause of death and of importance were as follows:  Arteriosclerosis	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	4AD 9 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
BU	DELATT W			
Other contributory causes of im-	portance:	a Panisa	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01836
1. PLACE OF DEATH	82-0
County Fredh Within the	Registration Dist. No. /3/
Village or City Tresteller	No St., Ward
(II Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Oresterna Vannes	Busker
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ware.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) 2/M (Oay) 198/X (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	last saw him alive on & Ely 21 192,192 ; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, atm.
72 3 14 1 day,hrs. ornin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Former RR man SAWYER, BOOKKEEPER, etc.	apoplery obre to
S. Industry or business in which leather	Cerehal Hemmorkage
work was done, as SILK MILL, SAW MILL, BANK, etc	starting at 8 A M Fale
O 10. Oato decessed last worked at 1932 of this occupation (month end occupation occupation occupation)	B.11 18.32
MI	Other Contributory Canoes of importance:
12. BIRTHPLACE (city or town) (State or country)	I previous a Maskes ans
13. NAME adam Souba	the past 12 months
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city er town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city er town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT This Harry Hagre (Address) Frederick Billet mid	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rocky Ridgebete Feb 23, 1932	
19. UNDERTAKER Willfiell & Erieger (Addiess) Physical and	24. Was disease or injury in eny wey related to occupation of deceased?
12-11/2 32 Home	(Signed) MACAWMAN AND M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage MAR 4 1932	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

DEATH

OF

CAUSE mation

LION

plnoys

If more blanks are needed, address State Registrar, 2411 N. Charles Sweet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	d- 0.000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cørebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage 1 MAR 4 1332	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-writing

V. S. No. 1 2

	MARYLAND—CERTIFICATE OF DEATH	01639
EATH erick	Registration Dist. No.	
Fradonials	A.	,

1. PLACE OF DEATH			000	- 940		01000	
	rederick			200	Registrat	ion Dist. No. 2	18
Village or City_ Frederick (If  Length of residence in city or town where death occurredyrsmos				hospital or institution, give its NA	St.,	,Ward	
	ME Mrs. Sara	South St.,		• St.,	Ward.		10.
DEBCOL	IAL AND CTATIC	(Usual plac		M	IEDICAL CERTIFICA	dent give city or town	
3. SEX	AL AND STATIS						
female	white	OR DIVORC	RRIED, WIDOWED, ED (write the word)	ZI. DATE O	F DEATH February	9, (Oay)	. 193 (Year)
5a. If married, widov HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY That I attended deceased			
7. AGE Yes	month, day, and year) Means Months 82 11 ssion, or particular work done, as SPINNER, BOOKKEPER, etc. business in which	0 oays O Housewif	If LESS than  1 day,hrs.  ormin.	The PRINCIPAL	on the date stated above, at CAUSE OF DEATH and related acry Declus	causes of importance	Date of onset 2/9/32
Date decease this occurrence year)	ty or town/	sp	time (years) ant in this aupation	aug	ory Couses of importance:		
(State or cou	<sup>ntry)</sup> rederic¥, Mi]	ler		Bro	rebuil bon	91	
14. BIRTHPLACE	Me	ryland.		Name of operation	on	Date	
15. MAIOEN NAME Lydia Darner.  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mrs. Albert L. Gartner.			23. If death was de Accident, suicide Where did injury	ue to external causes (VIOLENCe, or homicide?	E) fill in also the following Date of injury	owing: , 19	
	Frederick, I TION, OR REMOVAL Olivet Cem. F		12,,19.32.	Manner of injury	, <u> </u>		
19. UNDERTAKER M. R. Etohison & Son.  (Address) Frodoriok, Nd.  20. FILEO 10 - Fully 19.3.2 - Fra & Machinely Registrar.			If so, specify (Signed)	Thules To Street	/		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1982	July 5, 1927	Peritonitis	3 days ago
	RUREAU V.S.			
Other contributory ca	auses of importance:	-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		(186-6)
CountyFrederick		Registration Dist. No. / 3 /
Village or City Hear Lands	(1	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME David H:  (a) Residence: No. Near Lan	icks.	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH Fe bruary 11th 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbra		22. 1 HEREBY CERTIFY. That I attended deceased from Feb. 11 1932 to Feb 11 1932
7. AGE Years Months 8	20 1875  Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, et 11Am.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  Engla:	11. Total time (years) spant in this occupation	Fracture of Skull 2/11/3a  Other Contributory Cancel of Importance:
(State or country)  13. NAME David Hicks,  14. BIRTHPLACE (city or town) Englar	nd.	Neme of operation Date of
15. MAIDEN NAME Unknown.  16. BIRTHPLACE (city or town) (State or country)  Eesley J. Hic	oks.	What test confirmed diegnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Accident Date of injury 2/11, 1932  Where did injury occur? Lander Md  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL Place Joseph On July 1	n cuft ba- Date   Feb. 14, 19 31	Manner of injury Collapse of building Nature of injury Skull fracture
19. UNDERTAKER M. R. Etchiso: (Address) Frederick, Md  20. FILED / 2 - Faly, 192		24. Was disease or injury in any way related to occupation of deceased? NO  If so, specify  (Signed)  Frederick Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		·	

1. PLACE OF E		OF MARYLAND	-CERTIFICATE	OF DEATH	01641
County 71	ederick	Within	ne Gerpulain Musik	Registration Dist. No.	13/
Village or City_	y P.	ele	NO		_St Ward
Length of rasidence	a in city or town where	death occurredyrs		if of foreign birth?yrs	
2. FULL NAME  (a) Residence:	110161	July South	St., Ward.		
PERSONAL	AND STATIST	(Usual place of abode)	MEDICAL	If nonresident give city of	
1	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (prite the word)	21. DATE OF DEATH		£ , 193 &
5a. If married, widowed, of HUSBANO of (or) WIFE of	r divorced		22. I HEREE	BY GERTIFY That	l attended deceased from
6. DATE OF BIRTH (mon 7. AGE Years	th, day, and year)	Tel. 4, 198,	1100 300 119	Shy Bon	19. death is said
0	0	Oays If LESS that 1 day, min.		EATH and related causes of impo	ortance Date of onset
kind of work SAWYER, BOO	dona, as SPINNER, DKKEEPER, etc.	Lefout	Almo	turbull	
YOU Date deceased la this occupation	e, as SILK MILL, ANK, etcst worked at	11. Total tima (years)	furt 8	multin	
12. BIRTHPLACE (city or (State or country)	7.10	uck,	Other Coutributory Causes of tr	mportance:	
(State or counter)	mar	ylang -			
	alle s	D. Hunes			
14. BIRTHPLACE (city		regland			
~   ~	201.10	4 B. 100	4	Wa	
E =	y or town Ma	rylond !	Accident, suicide, or homicide?	causes (VIOLENCE) fili In also t	
I7. INFORMANT (Address)  I8. RURIAL CREMATION	W. fy	Lines 1	Where did injury occur?	(Specify city or town, cou d in INDUSTRY, in HOME, or in	inty and Stale) PUBLIC PLACE.
Place Mt-Q	OR REMOVAL	relate Feb 4, 196	Manner of injury		
19. UNOERTAKER M	Ritelet	rison of Son	24. Was disease or injury in any	y way related to occupation of de	eceased?
20. FILED 4 Fely	, 1932	Mensey Registrar.	(Signed) (Address)	Y /reg	
	If more	blanks are needed, address State Regist	ray 24xx N Charles Street Reliemone	lot A Los Asal	TIMIN I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be seeured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory eauses of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. properly classiff of certificate. (If death occurred in .....Ward) a hospital or institution, give its NAME in stead of street and <sup>2</sup>FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. back OR DIVORCED may (Write the word) (Month) 2 (Day) /9~ I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH nstructions that that I last law h \_\_\_\_alive on ..... (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: terms A.... 8 OCCUPATION 99 (a) Trade, profession or Se particular kind of work / Viala carefully TH in plain (b) General nature of industry business, or establishment in which employed or (employer) Impo Contributory 9 BIRTHPLACE Secondary AT (State or country) A M OF 10 NAME OF (Signed) FATHER 12. 0 (Address) .... 11 BIRTHPLACE @ Li OF FATHER MCITI E the l'isease Causing Teath, or, in (State or country) Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. ATIC 12 MAIDEN NAME O. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Ad OF MOTHER CUD ients or Recent Residents) 13 BIRTHPLACE At place In the OW OF MOTHER of death .....yrs.....mos.. (State or Country) 00 Where was disease contracted. if not at place of dea h? .. of OF MY KNOWLEDGE shoul 14 THE ABOVE IS TRUE Former or usual res.dence .... (Informant) Every it CIANS stateme DATE OF BURIAL 20 BNDERTAKE If more b.anks are needed, addre. s tate hegistrar, 16 W. Saratoga St., Balto., Lequesting V. S. 100. 1. 645 am

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as  $\nu uy$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, to report Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. specifically the occupations of persons en-(b) For persons who have no occupation Automobile factory. The (b) materia Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Example: Measles (disease etc. The contributory valvular heart disease; Mcasles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11642
1. PLACE OF DEATH	(23)
county ct redering	Registration Dist. No. 157
Village or City State Sanatoum	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	1//
2. FULL NAME I Saac . To	later 1
(a) Residence: No. 1706 (Usual place of abode)	St., Ward. S alt. MA If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Market Married (Married)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(a) Wife of Comple 9. Holdren	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 5, 1891	I last saw h malive on Feb 3. , 1932, deeth is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 2:30A.m.
24 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Ma Churust SAWYER, BOOKKEPER, etc.	- Date of order
9. Industry or business in which work was done, as SILK MILL.	Outmonary whereulosis 1925
SAW MILL, BANK, etc. 11. Total time (years)	J. J
this occupation (month and provided spant in this 19 48.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) beaford. Va. (State or country)	One Continuous Causes of Importance.
13. NAME abe C. Holdren	Fatal Pulmonary Hemorrhage
13. NAME We C. Holdren  14. BIRTHPLACE (city or town) B. edford . V a.	Name of operation would Date of
(State of country)	What test confirmed diagnosis? Churt X ray & O Was there an au opsy? NO
# 15. MAIDEN NAME Sara E. Commer	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sara E. Corner 16. BIRTHPLACE (city or town) Blaford · Va. (State or country)	Accident, suicide, or homicide?
Gamelie C. Waldher	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1706 Cule St. Balto. Md.	Specify whether injury occurred in INDUSTRY, in HUME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL	Manner of injury
Place alumore / M Date unknowne	Nature of Injury
19. UNDERTAKER M. L. Magh	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED ( C) Y , 19	(Signed) & ewart D. Maffer M. p.
Registrar.  If more blanks are needed, address State Registrar.	(Address) 20 Lave 20 May 20 May 20 May 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		24	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 333	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example-I-		Example II	
The principal cause of of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	(). MAR 3 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephr	ritis 14.744	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUMBAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:	~	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11644
1. PLACE OF DEATH	23
County or rederick	Registration Dist. No. V 5 9
Village or City State Sana torum	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  1.2. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Zarl J. Hug	hes
(a) Residence: No. 266 N. Potomoc (Usual place of abode)	St., Ward. Hagerstown M. Gronnesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
Elizabeth Highes	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 4 18 1900	I last saw ham alive on Feb 1 , 1932; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atl_2m.
0 2 0 V 1 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BODKKEEPER, etc.	0
kind of work done, as SPINNER, We were SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 5/1 a least time (years) this occupation (month and 5/1 a least time (years))	Julmonary whereutosis 1930
10. Date deceased last worked at this occupation (month and 5/12/30   11. Total time (years) spant in this occupation corrupation   640	
12. BIRTHPLACE (city or town) Mary and.	Other Contributory Causes of importance:
(State or country)	Vhitral regurgitation
13. NAME Sidney truches  14. BIRTHPLACE (city or town) Masy and.	. 0
(State of country)	What test confirmed diagnosis? X Aug + Bas Arway was there an au'opsy? My
15. MAIDEN NAME Catherine Walf.	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Catherine Walf.  16. BIRTHPLACE (city or town) Mary Land.  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Glizabeth Hughes.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Md.  Place Bakerbrulle. Date unknow, 70	Manner of injury
19. UNDERTAKER alvest Agat Md.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20, FILED 19 Registrar.	(Signed) Advant S. Shaffly M. D.  (Address) State Samutoring M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 3	July 5,1927	Peritonitis	3 days ago	
SUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH (11645
UP UP	1. PLACE OF DEATH	23
ould stat	County ctreduck	Registration Dist. No. 137
should of OCC	Village or City State Sana Lorum	death occurred in a hospital or institution, give its NAME instead of street and number)
NS ut	Length of residence in city or town where death occurredyrsmges	
NIA)	2. FULL NAME Undrew M.	tamos of
PHYSICIANS oct statement	(a) Residence: No. 1016 N. Paterson() (Usual place of abode)	ParsiRaveward. 15 allo Md.  If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PH	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH The 2 198 2
fed	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
X A C T I	(er) Wife of Marie Janos	22.   HEREBY CERTIFY That lattended deceased from
- 0	6. DATE OF BIRTH (month, day, and year) Time 13,1888	I last saw h Malive on Jell 1932 death Is said
ed erl fica	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 6:15 Am.
stated E properly certificate	43 5 /9 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
be lof c	8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	O O ZI
*	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Outmonary Juberculosis 192
	SAW MILL, BANK, etc	
(F) +0	this occupation (month and 193) spant in this year)	
supplied. AGE in terms, so that See instructions	12. BIRTHPLACE (city or town) Czecko - Slovakia	Other Coutributory Causes of importance:
s, s	(State or country)	
ully supplied plain terms, t. See instru	13. NAME John Janos	
sul n to	14. BIRTHPLACE (city or town) Color CRo-Slovake	Name of operation Move Date of
lly ola	(State or country)	What test confirmed diagnosis? CAUST X104 + 50 Was there an au opsy?
efu in p	15. MAIDEN NAME Y WAY	23. If death was due to external causes (VIOLENCE) fill in also the following:
carefully FH in plai ortant.	[State or country]	Accident, suicide, or homicide? Date of injury, 19
ld be can DEATH y import	(State of Country)	Where did injury occur? (Specify city or town, county and State)
should be careful OF DEATH in p s very important.	17. INFORMANT Vhand James. Balto.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E E	18. BURIAL, CREMATION, OF REMOVAL Place S CL LA Md. Date unknown	Manner of injury
mation CAUSI TION	Pridce Date , 19	Nature of injury
mation CAUSI TION	19. UNDERTAKER YN J. Lagur	24. Was disease or Injury in any way related to occupation of deceased?
	20. FILEO M N DY 19 Val (Q)	(Signed) Stewart S. Shaffer M., C
	Registrar.	(Address) State Sanatoum Md
	If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I	to the second	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		I A RELIVE	AD/
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance: FEB 9 1932	liear
		BURE UN	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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If more links are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes stollows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nep		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	MAR 4 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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107-0		
	Registration Dist. No. 2	/
	St.,_stitution, give its NAME instead of street and if of foreign birth?yrs,	
1 Sting		
Co St., Ward.	If nonresident give city or town a	nd State
MEDICAL	CERTIFICATE OF DEATH	
21. DATE OF DEATI	H	
)	(Month) (Oay)	(Year)
	BY CERTIFY. That ! attended, 1932, 10 Feb. 20	
	stated above, at 7:15 A.m.	, ueath is said
hrs. The PRINCIPAL CAUSE OF D	EATH and related causes of Importance	
were as follows:	officemona	Oate of enset
7	/	
Sembil	ry	
	/	
Other Contributory Causes of I	Importanco:	
Nome of energian	Date of	
	? Was there as	
	I causes (VIOLENCE) fill in also the follow	
	? Date of injury	-
Where did injury occur?		
Specify whether Injury occurre	(Specify city or town, county and S ed in INDUSTRY, in HOME, or In PUBLIC	tate) PLACE.
Manner of injury		
32 Nature of Injury		
24. Was disease or injury In a	ny way related to occupation of deceased?_	
If so, specify	99761	7
(Signed) Han	2	M. D.
r. (Address)	somestown flle	4-:

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Cerebral hemorrhage MAR 4 932	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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E	xample I		Example II	
The principal cause of dea of importance were as foll		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis!		1921	Run over by street car	1 week ago
Corebral hemorrhage	MAR 4 1032	July 5,1927	Peritonitis	3 days ago
	RUREAU V.	3		
Other contributory causes	Makes and and	2	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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STATE C	OF MARYLAND-	CERTIFIC	OF DEAT	TH (	01649
County Frederick	0.1	(131)	Registration D	ist. Np. / 3/	=/
Village or City Frederick		No.		St.,_	Ward
Length of residence in city or town where	death occurredyrs,mo	If death occurred in a hospital or institus.  ds. How long in U.S. if			
2. FULL NAME Mrs. Rose (a) Residence: No. 106½ S. 1		St., Ward.	If nonresident gi	ve city or town a	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH	February (Month)	7, (Day)	2 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H.		Jan HEREB	Y CERTIFY		ed deceosad from
6. DATE OF BIRTH (month, day, and year) 140.7. AGE Years Months 68 11	Days   If LESS than 1 day,hrs	to have occurred on the date state.  The PRINCIPAL CAUSE OF DEA		A.m.	2; death is sald
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  Maryl	Housewife  At Home  11. Total time (years) spent in this occupation  and.	were as follows:  Cerebral  Dither Contributory Causes of imp		nlag	C
(State or country)  13. NAME Philip Mathias  14. BIRTHPLACE (city or town)  (State or country)		Nama of operation	pluit	Data of	
15. MAIDEN NAME Eleanor S- LO 16. BIRTHPLACE (city or town) (State or country)  Mrs. Et ta He 17. INFORMANT Hagerstown,	artsock,	23. If death was due to external care Accident, suicide, or homicide? Where did Injury occur?	USes (VIDL ENCE) fill  (Specify city or to	In also the followate of injury	ving: , 19
(Address)  18. BURIAL, CREMATION, DR REMDVAL Place Mt. Olivet Cem. Fre		Manner of injury			
19. UNDERTAKER M. R. Etchis (Address) Frederick, M. 20. FILED - Fely 1932		24. Was disease or injury in any If so, spacify	way related to occupate of the second of the	tion of deceased?	ud
Y If more	Registray.  blanks are needed, address State Registra	r, 2411 N. Charles & reco.	equesting U. S. No.		was

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1802	July 5, 1927	Peritonitis	3 days ago
BURRAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

12. BIRTHPLACE (city or town)\_.. (Stata or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town) \_\_\_. (State or country)

18. BURIAL, CREMATION, OR REMOVAL

20. FILED 10 - Cely 19 3 2

FATHER

MOTHER important.

II.

DEATH

OF

CAUSE

LION

plnods

mation

13. NAME Joseph Lambert.

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 12/= County Frederick Village or City Near Jefferson (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs mos. 2. FULL NAME John Calvin Lambert If nonresident give city or town and State Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. February, OR DIVORCED (write the word) male white widower (Month) (Day) 5a. If merried, widowed, or divorced HUSBAND of ERTIFY. That I ettered deceesed from Alice A. C. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 2 A .....m If LESS than 7. AGE Months 1 day ... hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance 84 or \_\_\_ min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Farmer General Farming 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceesed last worked at 11. Total time (years) this occupation (month and spent in this

Other Contributory Couses of

What test confirmed diegnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

23. If death was due to external causes (VIOLENCE) fill in also the following

occupation.

Feb. 13

Maryland.

Mary Himes.

A. D. Lambert,

(Address) Frederick, Md.

Marvland

Frederick. Md. R.

M. R. Etchison & Son.

If more blanks are needed, address Stafe Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Manner of injury

Nature of injury.

If so, specify

(Signed)

(Address)

32

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I	Example I	4===	Example II	
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Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V.	6 6		
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1992			
Other contributory causes of importance: 3.	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	_	LY.
	CORD	XACT

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PLAINLY N. B.-

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Frederick	GERTIFICATE OF DEATH
	Will P.	Registration Dist. No. / 2
	Village or City///dlleffourf(No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Jacob Edward	Stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Deb-24, 1932
	6 DATE OF BIRTH	(Month) (Day) (Year) (17) HEREBY CERTIFY, That I spended the deceased from
	June 20 1851	Jel 23 1932 19 Feb 24 , 1952
	(Month) (Day) (Year)	that I last saw h alive on Jel 23,
	7 AGE   If LESS than	and that death occurred on the date stated above, at
	8 / yrs. 8 mos. 4 ds. or min.	The CAUSE OF DEATH * was as follows:
1	B OCCUPATION (a) Trade, profession or particular kind of work	Chr Valerilas Heart Weeze
	(b) General nature of industry business, or establishment in	2
	which employed or (employer)	(Durstion) yts. mos. ds.
	9 BIRTHPLACE (State or country) Manylesis	Contributory Secondary  (Duration)  yrs
	10 NAME OF FATHER	(Signed) Selwer Harp M. D.
	11 BIRTHE ACE	(Tel OS 1932 (Address) Med Sletow
	OF FATHER  Z (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Elizabeth Meines	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or country) Maryland	of deathyrsmosds, Stateyrsmosds, Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	if not at place of death?
	(Informant) Levin J. Lewis	usual residence
	(Address) Smitholing P.1.	Dalen Cemetry 7eb 27, 19.32
	Registrar	28 UNDERTAKER ADDRESS AMUTHSlung R.
	If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, vner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Laborer-Coal minc, etc. Locomotive engineer, not gainfully em-The ques-Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> (Recommendations on statement of cause of death approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on ChronicCarcinoma, Sarcoma, etc., of Example: Measles (disease chopneumonia (secondary), etc. valvular heart Nomenclature Always qualify all The contributory disease;

If this certificate is looked over thoroughly and a'l questions apswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of infor-AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1

STATE OF MARY	LAND-	CERTIFICATE OF DEATH 5 01653
County Frederick.		Registration Dist. No. 138
Village or City Bartholow	Market Committee	"NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred		ds. Haw long in U.S. if of foreign birth?yrsmosds.
2. FOLL NAME	melsa	
(a) Residence: No, Man 1997, Clary (Usual blace of		St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male  4. COLOR OR RACE OR DIVORCED  Nan	(write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or)-WIFE-OF Farmie M. Since  6. DATE OF BIRTH (month day and year) 1876-2-6	elsay,	22. J. HEREBY CERTIFY. That I attended decaased from  18. 19.52 to 18. 19.52.  I last saw h. aliva on Jelle 18. 19.5 2 death is said
6. DATE OF BIRTH (month, day, and year) 8 6 2 6 7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at / 3 0 Pm.
56 - 12	1 day, hrs. or min,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPINNER, A SAWYER, BOOKKEEPER, etc.		acute Indiagnican
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		8
0 10. Date deceased last worked at 11. Total tim	in this	
12. BIRTHPLACE (city or town) - James Rancel .		Other Contributory Causes of importance:
13. NAME John D. & findsay,		
13. NAME John D. Thulsay,  14. BIRTHPLACE (city or town) Many land	•	Name of operation Date of What test confirmed diagnosis Assacal Analysis an autopsy?
15. MAIDEN NAME Buth Curye Pund	Eles,	23. If death was due to external causes (VIOLENCE fill in also the following:
15. MAIDEN NAME Ruth Curses Pund 16. BIRTHPLACE (city or town)  (State or country)	-J	Accident, suicide, or homicide? Date of injury, 19
2 2 2 2	losy:	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Trospect Centre. Date Legisland	37/-1852	Manner of injury
19. UNDERTAKER 6. M. Waltz. (Address) Hunfield) Had	,	24. Was disease or injury In any way related to occupation of deceased?
20. FILED. Feb. 18, 1932 Lucian K. Frale	Registrar.	(Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

7	Example II	
Date of enset	The principal cause of death and related causes of importance were as follows:  Attack of enilensu	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
+\$		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County of rederact	CERTIFICATE OF DEATH
- new	Registration Dist. No. 136
Village or City New Market (No. 2FULL NAME Wara Berry Ly	St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE.  MARRIED. Marriel WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Lebruary 21, 1922  (Month) (Day) (Year)
6 DATE OF BIRTH  (Mony) (Day) , 1894  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 31 1937 to the 21 5 1932 that I last saw her alive on Lebrusy 20th, 1932
3 8 yrs. 1 mos. 13 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Dascinomala Hepatic (P)
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER May Jekins  13 BIRTHPLACE OF MOTHER (State or Country) Mogland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos. de Where was disease contracted,
(Informant) Court of the Best of My Knowledge	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
(Address) familie and 15 Filed Tel 22 19432 Goffmeducker	20 UNDERTAKER Ceruly of 24, 1832 Nov 1/1 Barley Saltursburg
If more bianks are needed, address State Registra	ir, 16 W. Safatoga St., Balto., Requesting V. S. No. 17

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, w Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Civil engineer, cupation is very important, so that the relative health-Foreman, or Al For many occupations a single word or term on Farm laborer, Compositor, Architect, Home, and children, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The If the occupation has been changed Laborer--Coal mine, etc. Locomolive not gainfully em-(b) The quesmaterial Grocery; engineer, Wom-

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid approved by Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condi causing death), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on 29 ds.; Bronchopneumonia (secondary), Chronic etc. The contributory valvular heart Nomenclature Always qualify all disease;

If this certificate is looked over thoroughly and all questions an world in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH STATE OF MARYL rederies CERTIFICATE OF DEATH Registration Dist. No. .. Ward) If death occurred in a hospital or institu-Curles Manne ion, give its NAME instead of street and mumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE 5 MINGLE. (Month) CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date/stated above, at 7 AGE If LESS than I day ..... hrs. 50 (a) Trade, profession or a particular kind of work plai int. ATH in pla (b) General nature of industry business, or establishment in .... (Duration) ......yrs......mos......da. which employed or (employer)..... Contributory. 9 BIRTHPLACE Secondary (State or country) 2 11 ....... (Duration) ......yrs......mos.... 0 10 NAME OF FATHER 0 RENT State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) when Accidental, Suicidal or Homicidal. 0 (State or country) < H 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transate C. ients, or Recent Residents) (O () At place OF MOTHER (State or country ... yrs......mos......da. State, ..... yrs. .... mos .... da. Where was disease contracted, if not at place of death?\_\_\_\_\_ Former or Every it usual residence 2 PLACE OF BUBIAL OR REMOVAD DATE OF BURIAL 20 TNIN to more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requestive V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Chocery; cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. Civil engineer, Stationary firemen, etc. But in many tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been chauged Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as -Coal mine, etc. Wom-As examples: (a) duties of the

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia,").

ary), 10 ds. Nover report more symptoms or terminal stated unless important. Example: Measles (disease and qualify as Accidental, Suicidal, or Homicidal, or "Dropsy," "Exhaustion," "Heart failure." "Haemorconditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of quences ture Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inauition," "Marasmus," "Old Age," "Shock," vulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," (secondary or intercurrent) affection uced not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Nometiclature of the American Medical Association.) accident; Revolver wound of head-homicide; the injury, as fracture of skull, and conse-"contributory." (e.g., sepsis, tetanus) may be stated under the (Recommendations on state-Struck by railway Committee (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County of reducing	Registration Dist. No.
Village or City State Sanatourn	No. MQ. St., Ward
Length of residence In city or town where death occurredyrs9mos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Jeonard T. Mel	11 c la sa de la sa dela sa de la sa de
	narron Baltx mid
(a) Residence; No.///6 2003 (Usual place of abode)	St., Ward. 12 all nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Min word)	21. DATE OF DEATH IN TO 11 O
male while single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Nov. 5. 1899	I last saw h And alive on Jew 24 193 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:45 P.m.
32 3 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc	Tulmonary Tuberculoses
9CIndustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
S 110 S. 1 4 41	
this occupation (month and the 1931 spant in this occupation (month and pear) spant in this occupation (month and pear)	ж
12. BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of importance:
(State or country)	,
13. NAME John P. Mc Mahon	
14. BIRTHPLACE (city or town) Maryand.	Name of operation
(State of Country)	What test confirmed diagnosis? Chest Xray & Por Vasthere an au opsy? hv
15. MAIDEN NAME Mary E. Hogan  16. BIRTHPLACE (city or town) Waryland.	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Leonard PMc Mahon Con admiss	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 1116 Enfor St. Balto Ind., 18. BURIAL CREMATION, OR REMOVAL	vic)
Place Dou timore Milate unknown	Manner of injury
100 4 0 0 0 0 0 0 0	Nature of injury
19. UNDERTAKER // 1. (Address)	24. Was disease or injury in any way related to occupation of deceased?
Maria Maria	If so, specify A factor
20. FILED. 19 Registrar.	(Signed) Martin S. Maffel M. D. (Address) State Sana torum, M. D.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

61656

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AAAD 3 1932 1	July 5,1927	Peritonitis	3 days ago
BHEGIT V.S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more Ulanks are needed, address State Registrar, 2411 N, Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrita	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THERATIV.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B. Goodell

STATE OF MARY	LAND-CERTIFICATE O	F DEATH	01
EATH.	0 - 23		12

1. PLACE OF DEATH	23
County errederick	Registration Dist. No. / 5 9
	NE Mard St. Ward
Length of residence in city or town where death occurredyrs/mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Virginia W	iller
(a) Residence: No. 12 Front (Usual place of abode)	St., Ward. Cumuleuland Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
pa. tf married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March; 22. 1907	I lest saw h. L. A. alive on Feb. 6 193 2 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:204 m.
24 10 15 I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Out of Others
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and/	Rules and Fuller cutoria
work wes done, as SILK MILL, SAW MILL, BANK, etc.	() NOVICE VICE TO COLUMNIE
10. Date deceased last worked at this occupation (month and year)	<b>V</b>
12. BIRTHPLACE (city or town) Cumberland Md.	Other Contributory Causes of Importance:
(State or country)	
I 13. NAME W. W. WULLY	
13. NAME W. N. Willer  14. BIRTHPLACE (city or town) Maryland.	Name of operation Date of
(State of Country)	What test confirmed diegnosise MEDTX 1 was there an au opsy? MD
15. MAIDEN NAME Marie Steckman  16. BIRTHPLACE (city or town). Marie Steckman	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Marie Miller,	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Charles and Md	Manager 27 1
Place Cumberland Ma. unknown	Manner of injury
19. UNDERTAKER Lower Styne Inc.	24. Was disease or injury in eny way related to occupation of deceased?
(Address) 17 traderick Sty James and.	If so, specify
20. FILED 19 19	(Signed) Attack A. D. M. D.
Registrar.	(Ardress) Alali Sanalyllin Ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
a martin and a state of the sta	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING PERMA FOR A UNFADING INK--THIS IS MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	GERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Noodsboro (No.	St.: Ward) (If death occurred a hospital or instit
2FULL NAME Franklin	Mot tion, give its NAME is stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Male Write the word)  5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH    16 DATE OF DEATH   192.2   (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
Jan. 18, 1854	1 Leb 14-1932 to fiel , 15 , 1932
(Month) (Day) (Year)	-1
7 AGE   IfLESS that   I dayhr	
78 yrs. O mos. 27 ds. or min	
8 OCCUPATION	(Inama Teelmo
(a) Trade, profession or carpenter	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmos
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration) yrs. mosd
10 NAME OF	(Signed) & 'a Stult M.
FATHER Bausel Mort	- Helr, 15-1929 (Address) Woodslass Ma
OF FATHER	
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME  V OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
11.	Former or
(Informant) Harrison IV. Morl	usual residence
(Address) Moodsboro Md.	Houses Countery Jet. 18. 198.
15 21 - 25 99 12 - 20	20 UNDERTAKER ADDRESS
Filed 7 1922 Registrar	- Bwell alband Woodsboro
If more branks are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) the first line will be sufficient, e. g., Farmer or Plonter. whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken. household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enr," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm loborer, (b) Cotton mill; (o) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Laborer--Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of American Medical Association.) retants) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Mcoslcs (disease use of "Tumor" for malignant neoplasms); Measles; occident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n. ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinomo, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; or intercurrent) affection need Chronic valvular etc. The contributory Always qualify all heart disease, not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

CAUSE

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	40	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1. The Control of t	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 3 1982	July 5,1927	Peritonitis	3 days ago
SULTAU V. S.			
Other contributory causes of importance:	. 3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be

F DEATH in plain terms, so that it may be

ould be carefully supplied.

PLAINLY,

B.—WRITE

mat CAI See instructions on back of

very important.

LION

	STATE OF	MARY	LAND-	CERTIFICATE OF DEATH 01661
1.	PLACE OF DEATH			92-20
	County Frederick			Registration Dist. No. 138
	Village or City Near New Mar	ket		NoSt.,Ward
	Langth of recidence in city or town where deat	h assured		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
				,
2.	FULL NAME Mrs. Agnes	A. Magi		
	(a) Residence: No. Near Ne	(Usual place of		St., Ward.  If nonresident give city or town and State
PERSON	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
3. S	EX 4. COLOR OR RACE 5.		IED, WIDOWED,	21. DATE OF DEATH February 24,
fe	male white	married	(write the word)	(Month) (Day) (Year)
5a. I	f married, widowed, or divorced HUSBAND of			20 LUEDEBY CERTIEV That Lathacted demand from
	(or) WIFE of Emanuel R. Nagl	e.		22. I HEREBY CERTIFY. That I attended deceased from 18, 18, 10 Leel 14, 19, 32
s D	ATE OF BIRTH (month, day, end year)	nown.		I last saw h. alive on Feb. 230, 1922; death is said
7. A		Days	If LESS than	to have occurred on the date stated above, at 1.30 A.m.
	50 ?		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
z	8. Trade, profession, or perticular kind of work done, as SPINNER,		7 00	Oate of onset
OCCUPATION	SAWYER, BOOKKEEPER, etc.	usewife Home		2 mho Romme 18to
JPA.	work was done, as SILK MILL.	nome		15.32
S	SAW MILL, BANK, elc	11. Total tir	ne (years)	
0	this occupation (month and year)	spen	tin this pation	
12	BIRTHPLACE (city or town) Marylan	ıd		Other Contributory Causes of importance:
14.	(Slate or country)			June June 1916
ER	13. NAME William McKee.			Trunk Jalund Hard
FATHER	14. BIRTHPLACE (city or town)	ıd.		Name of operation Date of Date of
	(State or country)			What test confirmed diagnosis? Was there an autopsy
MOTHER	15. MAIOEN NAME Mary J. Ely. Maryla	nd		23. If death was due to external causes (VIOLENCE) fill in also the following:
0	16. BIRTHPLACE (city or town)	·		Accident, suicide, or homicide? Dale of injury, 19
2	(Stale or country) Mr. E. R. Nagl	.e.		Where did injury occur? (Specify city or town, county and State)
17.	NFORMANT Hew Market, Md	***************************************		Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18.	(Address) BURIAL, CREMATION, OR REMOVAL			Manner of Injury
	Place Cookstown, Md.	Date Feb.	26, 1932	Nature of injury
19.	UNDERTAKER M. R. Etchison & (Address) Frederick. Md.	Son.		24. Was disease or injury in any wey related to occupation of deceated? 10
20.	FILEO Feb 24, 1932 Lasci	asa K Fa	aleones Registrar.	(Signed) M. D.  (Address) The Marketo Mal
-	***		11 0 5	1100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
C	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Gustovico	1223,73300	•	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

61662

60.	(50)
exicle	Registration Dist. No. / 3/
Levich	No. 7 W. J. Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
n where death occurred 75 (9)	os. ds. How long in U.S. if of foreign birth?yrsmosds.
· let ol	derler
yar or or or or or or or	aerzer
(Usual place of abode)	St., S Ward.
ATISTICAL PARTICULARS	If nonresident give city or lown and State  MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
Widowed	(Month) (Oay) (Year)
us Obenderfer	22. apr 10 EREBY CERTIFY. That I attended deceased from
. /	411201
1) Do not know	Tiest saw in February and the Uliman
onths Oays If LESS than	to heve occurred on the data stated above, at 4 10 m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
NED MI	Canon of Vlight Oreast er 2 yrs
NER, House Wife	leudra eruan arm pro 190
Lown Home	
5.6. 11. Total tima (years) spant in this 35	
1930 occupation 33	Other Contributory Canses of Importance: Byohaust
ederick	I maurion
yland	form disease no about
W. Gerlach	
	Name of operation
emane	What test confirmed diagnosis? Was there en autopsy?
· end	
sine Barger	23. If death was due to external causes (VIOLENCE) fill in also tha following:
	Accident, suicide, or homicide? Date of injury, 19
many	Where did injury occur? (Specify city or town, county and State)
vante James	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Fifth ( st	
1 W	Manner of injury
Censore Mar 1, 1932	Nature of injury K
W. T. Thise	24. Was disease or injury in any way related to occupation of deceased? ?
	If so, specify
And harpa to	· (Signed) Chules & Lordel M. D.
tra methely	(Address)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
The state of the s	"

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Comband to the control of the contro	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Goodell

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to e.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; American Medical Association.) approved by (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Committee on Chronic etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

S No. 1

PLACE OF DEATH County Tridingh	U1664 STATE OF MARYLAND CERTIFICATE OF DEATH
The state of the s	Registration Dist, No. 14/
Village or City Brunswich (No	St.: Ward) (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	1
	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED OR DIVORCED (Write the word).	16 DATE OF DEATH  WOODTH (Month) S (Day) 13 (Vear)  17 I HEREBY CERTIFY, That I attended the deceased from
aug 2 1891	JOU 30 1925 2 to Fil. 8 , 1927 2
(Month) (Day) (Year)	that I last saw h Man alive on 1923.
7 AGE [If LESS than	
40 yrs. 6 mos. 6 ds. or min.?	
B OCCUPATION (a) Trade, profession or Caller B TO R R	and Mynaulitia
(b) General nature of industry business, or establishment in	Durstion) yrs. OAL mos dis
which employed or (employer)	Contributory Deute Cartities
(State or country)  10 NAME OF	(Duration) mos. 3 de.
FATHER Lewis & Plumberk	(Signed) M. D. 2191 (Address) M. A. 1 M. D. 177 M.
OF FATHER Z (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother ama Hamilton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trums-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place in the of deathyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
	Former or usual residence
(Informant) mo Set & Olunkert	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dunswick Ind	Bowk Height Brunswick Feb 11 . 182
Filed 71 10 192 pro. W.S. Augus	Afritz Hon Brinowick md
If more blanks are needed, addre.s Ltate Registral	r, Yo W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Forenian, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopusumonia ("Pneumonia")

(secondar, or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; "Heart failure," "Ilaemorrhage," Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); [] ed term for the same disease. Examples: Cerebrospipal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same acceptpucumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic valvular heart disease; The nature of the injury, etc. The contributory affection need not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

permanently filed.

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1665
infor- state UPA-	1. PLACE OF DEATH	(86)
ould occ	County Storderick	Registration Dist. No.
item of should of OCC	Village or City Ojamoville	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	10-
CORD. Every PHYSICIANS oct statement	2. FULL NAME Andell Rolling	Revelinas?)
J. E	(a) Residence: Np. Vjamsville	St., Ward.
ECORD. PHYSI	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Sels 5 1932  (Month) (Day) (Year)
ING NED C T iffed	5a, If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
O 4 4 8	(or) WIFE of	19 to 19 19
BINI ERM EX class	6. DATE OF BIRTH (month, day, and year) Dec 17 1931	1 Jest Sw h Me Marke both attention 19 ; death Is said
H _ H &	7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 2, - Pm.
FOR IS A stated proper	0 / / 8 ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Constitution 2 11 3
RESERVED G INK—THIS GE should be that it may be	tudustry or business in which	2-4-31
ERVI VK—T) should it may n back	SAW MILL, BANK, etc.	
INF INF E sh it it	11. Total time (years) this occupation (month and year) year)	
NFADING I plied. AGE rrms, so that instructions	01	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town) Jams velle (State or country) Monauland	None la cata
MARGIN UNFADI supplied. n terms, so	13. NAME Trouvall Martin	
UN UN ten	13. NAME Trouvell Moartin  14. BIRTHPLACE (city or town) Frederich Co	Name of operation Date of
M. H. I. Ily surlain t	(State or country) Marylana	What test confirmed diagnosis? Wes there an autopsy?
MARGI TH UNFA efully supplied in plain terms, ant. See instri	15. MAIDEN NAME Moarget Rollins  16. BIRTHPLACE (city or town) Sjamsvelle  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	[ 16. BIRTHPLACE (city or town) Voljamsvelle	Accident, suicide, or homicide?
AINLY, de be can DEATH	(State or country), Many Cana	Where did injury occur?(Specify city or town, county and State)
A D D A	17. INFORMANT Margue Marshall	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
200	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
SEE N is	Place Royattetown Mad Date Feb 6 , 1932	Nature of injury
I O I O	19 UNDERTAKER Thomas P. Poice	24. Was disease or injury in any way related to occupation of deceased?
B. H.	(Address) Frederick Mod	If so, specify
si F	20. FILED Lieb 6, 1932 - Go Andrekson	(Signed) Myses House M. D.
PA	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sclls goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of-onset
Arteriosclerosis  Chamin intervities and the state of the	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH County Site of Site	S	TAIL	IF MAR	YLAND-	CERTIFICATE OF DEATH 01000
Village or City, Statelinists R. 5. 3. (If shall occurred in a borgist or minimons, give it NAME instead of street and sumbor)  Length of residence in city or town where death occurred.  (a) Residence: No. 12. 2. C.	1. PLACE OF DEA	TH	1. 0		(159)
Length of residence in city of town where death occurred year. S. mos. ds. How long in U.S. if of toreign birth? yes. Match in U.S. if of toreign birth? yes. if y	County JAE	derich!	160		Registration Dist. No. / 8/ =
2. FULL NAME. SLO & Residence: No. Near Pladeuse Result #3.St., Ward.  (a) Residence: No. Near Pladeuse Result #3.St., Ward.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX    4. COLOR OR RACE   S. SINCLE, MARKIED, WIDOWED OR DIVERCES (CHURCE by word)  50. HI MARKIED, WIDOWED   S. HI MARKIED, WIDOWED OR DIVERCES (CHURCE by word)  51. HI MARKIED, WIDOWED   S. HI MARKIED, WIDOWED OR DIVERCES (CHURCE by word)  52. HER EBY CERTIEY, fial I attended deceased from flow or one with the word)  53. HER EBY CERTIEY, fial I attended deceased from flow or one with the selection of the date stated above, at 2					death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. New Products Bouts #3. St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE. 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (current the word)  Sa. If married, widowed, or divorced (cot) wife of (		or town where o	leath occurred	yrs,	now long in 0.3. If or foreign buthsyrsyrs
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DUYORCEO (comit the word)  5. If married, widowed, or divorced HUSSAND (Day)  6. DATE OF DEATH  Condition  7. AGE Years Months Days IT LESS than 1 day,hrs. or J. D. min.  8. Trade, profession, or particular individual control or J. D. min.  8. Arrade, profession, or particular individual control or J. D. min.  8. Aware, solokate Fre, etc.  9. Author of work done as SPINNER, SAWYER, BOOKKEEFR, etc.  10. Date doeseed alst worked at this occupation (month and year)  10. Date doeseed alst worked at this occupation (month and year)  11. Total time (years) span in this occupation  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MADEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURNAL OREMATION, DR REMOVAL  Piece J.		120 C	Roug	zehn	
PERSONAL AND STATISTICAL PARTICULARS  ***MARK**  ***A COLOR OR RACE**  ***MARK**  ***A COLOR OR RACE**  ***DATE OF DEATH**  ***SINCIE, MARRIED, WINDOWDOD OR DIVYORCED (write the word)  ***SI IT married, widowed, or divorced divorced (roy) wife of (roy) w	(a) Residence: No	Near th	(Usualplace	of abode)	3 St., Ward.  If nonresident give city or town and State
Male White OR DIVORCED (write the word)  5a. It married, widowed, or divorced HUSBAND  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day,	PERSONAL AN				
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)			D (write the word)	fel 1 193 4
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  I day	5a. If married, widowed, or div	orced			
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day, hrs. or Jomin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOUKKEPPE, etc.  9. Industry or business in which work was done, as SILK MILL.  10. Date deceased last worked at year)  12. BIRTHPLACE (city or town)  (State or country)  Maryland  13. NAME  Search  14. BIRTHPLACE (city or town)  (State or country)  Maryland  16. SITHPLACE (city or town)  (State or country)  Maryland  17. INFORMANT  18. BIRTHPLACE (city or town)  (State or country)  Maryland  19. UNDERT AKER  Place  Address)  Maryland  Manner of injury  Nature of injury in any way related to occupation of deceased?  If so, specify  (Signed)  Manner of injury in any way related to occupation of deceased?  If so, specify  (Signed)  Manner of injury  Nature of injury  Nat					1 1 1 2 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2
T. AGE Vears Months Days If LESS than I day					7 20 30
1 day		1	Days	If LESS than	
8. Trade, profession, or particular in the profession of particular in the particula				1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) (State or country)  13. NAME  Starge & Borylogia  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, DR REMOVAL Place  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER  20. FILED  11. UNDERTAKER  12. BORYLOGIA  13. NAME  Starge  14. BIRTHPLACE (city or town) (State or country)  Marylor  15. Maiden vasue to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury Nature of injury  Nature of inj	8. Trade, profession, or p	articular	-	, or 200 min.	Date of onset
12. BIRTHPLACE (city or town) (State or country)  13. NAME  Starge & Borylogia  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, DR REMOVAL Place  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER  20. FILED  11. UNDERTAKER  12. BORYLOGIA  13. NAME  Starge  14. BIRTHPLACE (city or town) (State or country)  Marylor  15. Maiden vasue to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury Nature of injury  Nature of inj	SAWYER, BOOKKE				( newaterity
12. BIRTHPLACE (city or town) (State or country)  13. NAME  Starge & Borylogia  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, DR REMOVAL Place  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER  20. FILED  11. UNDERTAKER  12. BORYLOGIA  13. NAME  Starge  14. BIRTHPLACE (city or town) (State or country)  Marylor  15. Maiden vasue to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury Nature of injury  Nature of inj	9 Industry or business i	n which SILK MILL,	-		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  Starge & Borylogia  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, DR REMOVAL Place  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER  20. FILED  11. UNDERTAKER  12. BORYLOGIA  13. NAME  Starge  14. BIRTHPLACE (city or town) (State or country)  Marylor  15. Maiden vasue to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury Nature of injury  Nature of inj	10. Date deceased last wo	rked at	11. Total t	ima (years)	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  Starge & Rosyllyst  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, DR REMOVAL Place  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER  (Address)				nt in this upation	
(State or country)    13. NAME   Starge & Boylogy   14. BIRTHPLACE (city or town)   Name of operation   Date of	12. BIRTHPLACE (city or town	)		d	Other Contributory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  March 198 2  Accident, suicide, or homicide?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Address)  18. So, specify (Signed) (Signed) (Address)  Mas there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  (Signed) (Signed) (Address)  M. D  Accident, suicide, or homicide?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city		W. 1 20 12	mas	fland	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  March 198 2  Accident, suicide, or homicide?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Address)  18. So, specify (Signed) (Signed) (Address)  Mas there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  (Signed) (Signed) (Address)  M. D  Accident, suicide, or homicide?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city	13. NAME SEC	rge &	Rosk	light	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  March 198 2  Accident, suicide, or homicide?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Address)  18. So, specify (Signed) (Signed) (Address)  Mas there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  (Signed) (Signed) (Address)  M. D  Accident, suicide, or homicide?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city	14. BIRTHPLACE (city of t	own)	f.	1	Name of operation Date of
Where did injury occurr.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR REMOVAL  Place   Leas and Wobate   Industry    Place   Leas and Wobate   Industry    Nature of injury  Nature of injury    Nature of injury    19. UNDERTAKER   The ladfull    (Address)   If so, specify    (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)   Manner of injury    Nature of injury    Nature of injury    (Address)   Nature of injury    (Signed)   Company    (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)   Manner of injury    Nature of injury    (Address)   Manner of injury    Nature of injury    (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)   Manner of injury    Nature of injury    (Signed)   Manner of injury    (Address)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Address)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed	(State of country)	1 yn	grysas	na .	What test confirmed diagnosis? Was there an autopsy?
Where did injury occurr.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR REMOVAL  Place   Leas and Wobate   Industry    Place   Leas and Wobate   Industry    Nature of injury  Nature of injury    Nature of injury    19. UNDERTAKER   The ladfull    (Address)   If so, specify    (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)   Manner of injury    Nature of injury    Nature of injury    (Address)   Nature of injury    (Signed)   Company    (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)   Manner of injury    Nature of injury    (Address)   Manner of injury    Nature of injury    (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)   Manner of injury    Nature of injury    (Signed)   Manner of injury    (Address)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Address)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed	15. MAIDEN NAME	Mill	W 150	ren	23. If death was due to external causes (VIOLENCE) fill in also the following:
Where did injury occurr.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR REMOVAL  Place   Leas and Wobate   Industry    Place   Leas and Wobate   Industry    Nature of injury  Nature of injury    Nature of injury    19. UNDERTAKER   The ladfull    (Address)   If so, specify    (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)   Manner of injury    Nature of injury    Nature of injury    (Address)   Nature of injury    (Signed)   Company    (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)   Manner of injury    Nature of injury    (Address)   Manner of injury    Nature of injury    (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)   Manner of injury    Nature of injury    (Signed)   Manner of injury    (Address)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Address)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed)   Manner of injury    (Signed	16. BIRTHPLACE (city or t	own)	A. 10		
18. BURIAL, CREMATION, DR REMOVAL Place LEAS and Words In arch 1932  19. UNDERTAKER C The ladfull (Address)  20. FILED March 1932 Out Machine (Signed) (Address)	(State or country) / //www.yearch			· ·	(Specify city or town, county and State)
Place Plan Sant Woode March 1932  19. UNDERTAKER & The Stadfull 24. Was disease or injury in any way related to occupation of deceased?  20. FILED March 1932 Down McCurle (Signed) (Signed) M. C. (Address) March 1932 Down M. C. (Address) March 1932 Down M. C. (Address) March 1932 March 1932 Down M. C. (Address) March 1932 March 1	(Address)	rge O	discell	mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
20. FILED - March 1982 Down McCurle (Signed) (Address) March 1982 Down McCurle (Address) (Address) March Steven March 1982	11160	Bond W	10 bate 1 9	rarch 1932	
20. FILED - March 1982 Down Me Curle (Signed) Stury Harf M. C. (Address) (Address) Mich Stury March 1982		Kyla	dhill		-1
The state of the s	1 /2 /	1982 000	Im	Quele	(Signed) A Structure Many M. C.
	<u> </u>	76	1		Variable 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more Hanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MECS / LT	1915	Attack of epilepsy	1 week ago	
Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 4 1932	July 5,1927	Peritonitis	3 days ago	
	BURDAU VIB.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1		1	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Or. 33, 6. Thomas

V. S. No. 1

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

STATE OF MARYLAND	CERTIFICATE OF DEATH 01000
1. PLACE OF DEATH	(23)
county of rederick	Registration Dist. No. / 3 ?
Village or City State Sanatorum	St.,
	death occurred in a horpital or institution, give its NAME instead of street and number)
Fight. CHI	D I CO O CO C
1100100 7	naario
(a) Residence: No. 1 1 0 9 1 1 0 0 (Usual place of abode)	St, Ward. Sacross of the State St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white Single word)	(Month) (Day) (Ye
5a. If married, widowed, or divorced	(Month) (Day) (Ye
(or) WIFE of	22. I HEREBY CERTIFY, That J attended deceased
D. 21/1861	VMay - 2: 19.3/, 19 (telt/6, 19
6. DATE OF BIRTH (month, day, and year) Dec 27, 1003	I last saw has alive on Color 1932; deeth
	to have occurred on the date stated above, at 1:- 42.1:-m.
46   123   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Usteu
SAWYER, BOOKKEEPER, etc. Y CUCHUMIS HELFEL	MO I TILL
9. Industry or business in which work was done, as SILK MILL,	Outmonary purculosis
	J
this occupation (month and 10/3) spant in this,	0
Ma a had a and	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).	
II 13. NAME VV - 1. MAGULUR	
	Name of operation
(State of country)	What test confirmed diegnosis Chem X Aug + 0 6 Was there an au opsy?
15. MAIDEN NAME VNWY Bell Larner	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Waryland.	Accident, suicide, or homicide? Oate of injury, 19
State or country)	Where did injury occur?
17. INFORMANT CTELLES S. H. Shadrick Con admess	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	County  Village or City  Length of residence In city or town where death occurred.  2. FULL NAME  (a) Residence: No. 1 0 9 (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than  1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, Awyrer, BOOKKEEPFR, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEEPFR, etc.  10. Oate deceased last worked at this occupation (month and 10/30 spant in this occupation (month and 10/30 spant in this occupation (month and 10/30 spant in this occupation (state or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury Nature of injury

If so, specify

24. Was disease or injury in any way related to occupation

STATE OF MARYLAND-CERTIFICATE OF DEATH

\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_\_ds.

(Year)

Date of onset

attended deceased from

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	12	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory cruses of importance:  Gastroenteritis	1 year

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Example I			Example II		
The principal cause of des of importance were as foll Arteriosclerosis	ath and related causes ows: RECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset.  1 week ago	
Chronic interstitial nephritis	MAR 4 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR -2 -100-	July 5,1927	Peritonitis	3 days ago	
	BURRAU Y				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
1					

PHYSI-	PLACE OF DEATH  County Frederick
stated EXACTLY, properly classified of certificate.	Village or City/Lew Market (No
ated EXAC	2FULL NAME Mary anneurs
stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS
be ok	4 COLOR OR RACE 5 SINGLE, MARRIED, Single, WIDOWED, OR DIVORCED (Write the word)
250	6 DATE OF BIRTH
CE sh hat it ons o	(Month) (Day) (Year)
supplied. ACE sin terms so that See instructions	7 AGE    If LESS than   day hrs   day hrs   day or min.
uilly pia nt.	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in
be caref EATH in importa	9 BIRTHPLACE (State or country)
ould	10 NAME OF REGINAL Snowden.
/ A 100	OF FATHER (State or country) Mary and
Information state CAUS CCUPATION	of MOTHER Florence Lee
	OF MOTHER (State or country) Maryland
Sec	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
38	(Informant) Mrs William Jee
Every i	(Address) New Market My
8. こ。 の。	Filed Feb 13 1982 Lucian M. Lalconer Registras

STATE OF MARYLAND Registration Dist. No. 188

CERTIFICATE OF DEATH

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	12 , 1932
(Month)  17 I HEREBY CERTIFY, That I atte	aded the deceased from
that I last saw here alive on Feb	4 , 19232
The CAUSE OF DEATH * was as follows:	Heart
Deserce (Congen	ctal)
Contributory	yrs. 3 mos. / ds.
(Signed) Escent P. F. F. F. F. J. 1932 (Address) News N	Took Mg, M. D.
*State the I is 2se Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ry and (2) Whether
18 LENGTH OF RESIDENCE (For Hospital ients or Recent Residents)	ls, Institutions, Trans-
Where was disease contracted, if not at place of dea.h?	yrsds,
Former or usual residence	
19 PLACE OF BHRIAL OR REMOVAL	DATE OF BURIAL

If more banks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b)

Statement of Cause of Death—Name, first, the DISEA.: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Si inal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease valvular heart disease, etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—I

	STATE OF MARYLAND-	CERTIFICATE OF DEATH 61672
1	L. PLACE OF DEATH	92:0)
	County Frederick	Registration Dist. No. 131
	Village or City Tellow Springs	No. St., Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurred	29 ds. How long to U.S. if of foreign birtb? yrs. mos. ds.
2	2. FULL NAME Mary Catherine D	Taley
	(a) Residence: No. Jellow Springs (Usual place of abode)	Ward.  If nonresident give city or town and State
****	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
-	OR DIVORCED (write the word)	Fieb 15 1932
	If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of San Me	22.   I HEREBY CERTIFY, That I attended deceased from
-	(OF) WIFE OF Wir Hooward Staley	Jun 1914, 10 fleft to 18
-	DATE OF BIRTH (month, day, and year) Accep 16 1856	I last saw he alive on full 5 to 1932; death is said
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4.20.m.
	75 5 29 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Hoocese Higher SAWYER, BOOKKEEPER, etc.	June Jalvin 1925
PAT	9. Industry or business in which	Al + Clipeur
SC	work was done, as SILK MILL, Own Hoome  10 Date deceased last worked at \ 11. Total time (years)	The state of the s
ŏ	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year)	May July
	occupation occupation	Other Contributory Causes of importances!
12	(State or country) Monosiland	Constitute Onother Fight
æ	1. 80 × 000 M	1332
FATHER	13. NAME Jeter Co. Ks. Justs	
FA	14. BIRTHPLACE (city or town) Trellotter (100) (State or country) Manager (100)	Name of operation
2	15. MAIDEN NAME Mogary Mon Colinse	What test confirmed diagnosis?
MOTHER		23. If death was due to external causes (VIOLENCE) fill in also the following:
W O	16. BIRTHPLACE (city or town) The ederacle Coo- (State or country) Manual and	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17.	INFORMANT MOSS Oda Shafer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18	(Address) Saltishove Mod BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Pleasant Hill Date Feb 18, 1932	Nature of injury
	The second of office	1/-2/
19	UNDERTAKER Thomas P. Rice (Address) Give Levich Med	24. Was disease or injury in any way related to occupation of deceased?
20	FILED & - Lely 1932 Docal bonselevely	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthonia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other antributory causes of importance:		Other contributory causes of importance:	
'Istones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Do, Hedges.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 61673
1. PLACE OF DEATH	23
County of rederick,	Registration Dist. No.
Village or City State Sanatorum	No. VNO. St. Ward
Length of residence in city or town where death occurred/yrs,/_mos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME (Sertha E. Ster	wart
(a) Residence: No. Loveville St (Usual place of abode)	Mary Sward. O. M. d.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  JUL 24, 198 2  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. THEREBY CERTIFY, That I attended deceased from Jely 1931 to Get 24 1932
6. DATE OF BIRTH (month, day, and year) 2, 1902	I last saw h.lr alive on Del 24 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.15 P. m.
30 1 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the second in the second i	1 utmonary Interculosis
11. Total time (years) this occupation (month and year)  11. Total time (years) spant in this occupation	wx
12. BIRTHPLACE (city or town) St Marys Co. Md.	Other Contributory Causes of importance:
(State or country)	Tubliculous La russaltin
I 13. NAME Joseph Slewart	1,5000
14. BIRTHPLACE (city or town) Dt. Marys Co Md. (State or country)	Name of operation Date of Date of What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Susie Hodesty	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) St. Marys Co. and. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Bertha E. Stewart (on admission)	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL D. C. Date M. During	Manner of injury
19. UNDERTAKER M. L. Creager (Addiess) Thurmon M.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. YTY/15/19. ORGISTRAT.	(Signed) Llwart D. Moffer M. D.  (Address) Itale Sandonium Md
Acgistrat.	" (United Attended to the Atte

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NULLE U.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

PHYSICIANS should state SCORD. Every item of infor-

stated EXACTLY

AGE should be

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.-WRITE PLAINLY,

ż

Exact statement of OCCUPA-

	ND-	CERTIFICATE OF DEATH	74
1. PLACE OF DEATH .			
County Frederick		Registration Dist. No.	0
Village or City Legors		NoSt.,	Ward
Length of residence in eity or town where death occurredyrs,_		death occurred in a hospital or institution, give its NAME instead of street and r	
Length of residence there of them where death occurred.		non long in v. o. n vi joroign bitti:yi5	15
2. FULL NAME Symus Scott	m	ugar	
(a) Residence: No. (Usual place of abode)		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULA		MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI		21. DATE OF DEATH /	
OR DIVORGED (write		tel	19332
5a. If married, widowed, or divorced	The state of the s	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	deceased from
(or) wife or		, 19, to	, 19
6. DATE OF BIRTH (month, day, and year)		I last saw h alive on, I9,	; death is said
	ESS than	to have occurred on the date stated above, atm.	
O O O Iday	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
9 Trade prefereion or particular		were as follows.	Date of oneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	****	All bow	
Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc			
year) occupation		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	}		
(State or country)	d		
13. NAME Elwer C. Stolles	notes		
13. NAME Eliver C. Soules	A	Name of operation Dete of	
(State of Country)	W J	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME FLOSSIE MICHAEL  16. BIRTHPLACE (city or town)	ouse.	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	
(State or country)	w	Where did injury occur?	, 17
Lucy C Statte		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	e)
17. INFORMANY  (Address)	1	Specify whether injury occurred in Reposition, in Home, or in robello rev	10E.
18. BURIAL, CREMATION, OR REMOVAL	0	Menner of injury	
Place an Hell Date Jet 12	1932	Nature of injury	
P18 -011			211
19. UNDERTAKER  (Address)	mi	24. Was disease or injury in eny way related to occupation of deceased?	
7 1 200	70	If so, specify (Signed)	
20. FILED Jet. 12, 1932 ) Town	e de	(Signed) Ch. L. L. Const. C.	Д M. D.

Registrar.

(Address)

eloux and,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstition nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUERAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Frederick	Registration Dist. No. /3 0
ovality	
	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	os. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Louis Frederick Stunkle.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH Feb. 27th. 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Laynan  6. DATE OF BIRTH (month, day, and yeer)  6. DATE OF BIRTH (month, day, and yeer)	22. I HEREBY CERTIFY. That I attended deceased from  1932, to July 27, 1932  I last saw him alive on July 25, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 . 30.A.m.
82 4 10 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset
8. Trade, profession, or particular kind of work done, es SPINNER, Retired Farmer SAWYER, BOOKKEEPER, etc Retired Farming SAWYER, BOOKKEEPER, etc General Farming Work was done, as SILK MILL, SAW, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Industry or business in which work was done, as SILK MILL, SAW MILL	Other Contributory Courses of interportance:
13. NAME Frederick Stunkle.  14. BIRTHPLACE (city or town) Germany (State or country)	Neme of operation Dete of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Mary Hoggs  16. BIRTHPLACE (city or town) Germany (State or country)  Mrs. Mary J. Stunkle,  17. INFORMANT (Address)  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Frederick, Md. Date Feb, 29, 19.3	Manner of injury
19. UNDERTAKER M. R. Etchison & Son.  (Address) Frederick, Md.  20. FILED File 28, 1932 7. Clyde North Registrar.	24. Wes disease or injury In any wey releted to occupation of deceased?  If so, specify  (Signed)  (Address)  M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephratis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1932	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 aroom
announces	Mag 1,1825	dusu penter tus	1 year

1. PLACE OF				CERTIFICATE OF DEATH 0167	6
	rederick	With	in the Carper	Registration Dist. No. 13/	
Village or City					Ward
Length of residen	ce in city or town where	death occurred		s	
	E Benj. Per No. 312 Pa		of abode)	St., Ward.  If nonresident give city or town and Sta	ite
PERSONAL	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	MONTH OF THE PARTY.
male 4	color or RACE	5. SINGLE, MARI OR DIVORCES Single	(write the word)	21. DATE OF DEATH Joy (Month) (Day)	93 Z
ia. If married, widowed, HUSBAND of (or) WIFE of	or divorced			22. I HEREBY CERTIFY. That I ettended dec	eased from
B. DATE OF BIRTH (mo	nth, day, and year)  Months	June 6,	1911	to have occurred on the date stated above, at 9 3 Pm.	
20	7	4	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	ate of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Laborer  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers)			ma (veare)	Carlo Endocardelle	3240
10. Date deceased last worked at this occupation (month and year)			tin this pation	Dither Contributory Causes of Importance:	
(State or country				Strap. Vindan	mo
13. NAME Wm. H. Stup.  14. BIRTHPLACE (city or town) Matyland				Name of operation	
(Stete or cou	intry)			What test confirmed diagnosis? Was there an auto	0
15. MAIDEN NAME Leora Zimmerman.  16. BIRTHPLACE (city or town) Frederick Co.				23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury	., 19
(State or country) Maryland  Mr. W. H. Stup,  (Address) Frederick, Md.				Where did Injury occur?(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or io PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL				Menner of Injury	
Place Mt. Olivet Cem. Fred Date Feb. 13, ,19-32				Nature of injury	
M. R. Etchison & Son.  19. UNDERTAKER Frederick, Md.				24. Wes disease or injury in any way related to occupation of deceased?	9
20, FILED/2-Tre	1 4/	meur	Registrar.	(Signed) Bothomb Cue	M. D.
	If more	blanks are needed,	Adress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis '	3 days ogo
MAR 4 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		e	

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. WRITE PLAINLY,

V. S. No. 1 N. B.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 01669
County Frederick	Registration Dist. No. 136
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Jame Felmire Su	nesseles
(a) Residence: No. Frederick Juneto (Usual place of abode)	Oyst. M. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jeb (8 (1937) (Year)
5a. tf married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That t attended deceased from
C DATE OF BIDTH (month down and mon) (61 10 1 1 1 1 1 1 2 1	I last saw har alive on Fale, 19 death is said
6. DATE OF BIRTH (month, day, and year) (Mugust (1, 143)  7. AGE Years (1) Months Days If LESS than	to have occurred on the date stated above, at 10 cm.
6 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	were es rollows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and	Wasselving ough Jan. 1-12.
SAW MILL, BANK, etc	
O IIO. Date deceased last worked at this occupation (month and year) year) occupation occupation	
M. A. BACKAUND.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
H M	
[State or country]	Name of operation Date of
15. MAIDEN NAME Em mas Atilo VIII in initial	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
E Mary Mary	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT albert Auther Semma (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 19 19 Date 12 19, 1932	Nature of injury
19. UNDERTAKER DITTLE Boos: (Address)  Magnamilea MA	24. Was disease or tnjury in any way retated to occupation of deceased?
20. FILED Jeh 18, 19 32	(Signed) Botherman M. D.
Registrar.	(Address)

CEDTIFICATE OF DEATH

CTATE OF MADVIAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street ear July5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	7
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstilial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUMBAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

Δ	6.16.28
PLACE OF DEATH	CTATE OF MARYLAND
	STATE OF MARYLAND
County Triding	CERTIFICATE OF DEATH
large in	Registration Dist. No.
Village or City Junewich (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Mary Catherin	o Shumas tion, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIRDWED	16 DATE OF DEATH
WIDOWED. OR DIVORCED OR	700 d, ND 2
Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Anne 30 , 1852	100 pro 100 pr
(Month) (Day) (Year)	that I last saw h A alive on 1930
7 AGE    If LESS than    I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	The CAUSE OF DEATH - was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	Carrier of Vonech
(b) General nature of industry	
business, or eatablishment in which employed or (employer)	(Duration) yrs, mos, ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
F/101	(Duration) yrsmosds
10 NAME OF FATHER	(Signed) M. D.
11 BIRTHPLACE	100/6 13 EAddress) Burnwelf hel
C OF FATHER Z (State or country)	*Stata the Disease Causing Death, or, in deaths from
(State or country)  12 MolDEN NAME	Violent Causes, stata (1) Mcana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Dusan Kemsberg	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country)	Where were disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Miss Susie Momas	Former or usual residence
RFD V - 00 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Knoppelly MA	mt Clivet Demeter redench Cit Get 11. 1032
15 Filed July 10 192 MM. H S. Hagers	20 UNDERTAKER / ADDRESS AAAM 2 12 Woon Brunswick Mel
If more blanks are needed, addre. a Ltate Negistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ch Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Scroom, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drepsy," ("Enhaustion," "Heart failure," "Ilaemorrhage," "Shock," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping approved by Committee on Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l qu stions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	OF MAR	TLAND-	CERTIFICATE (	OF DEA	IH U	1000
County Frederick.			9	Registration D	iet No	130
Village or City Adamstown	•	· = = ~ ~ ~ = 4 ~ ~ ~ = - = 4 = 4 ~ ~				
Length of residence in city or town where		(Ii	NoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNo	ion, give its NAME i	instead of street a	
2. FULL NAME Mrs. Hele:						
(a) Residence: No.			St. Ward.			
(a) Residence. No.	(Usual place	of abode)	vale.	If nonresident gi	ve city or town	and State
PERSONAL AND STATIST	TICAL PARTI	ICULARS	MEDICAL CE	RTIFICATE	OF DEATH	-1
female white		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	February	13,	193
ia. If married, widowed, or divorced HUSBAND of				(Month)	(Day)	(Year)
	tus.		22. I HEREBY	CERTIFY		
3. DATE OF BIRTH (month, day, end year)	hy 13, 18	375	I last saw h er elive on			: death is said
7. AGE Years Months 56 5	Days 13	If LESS than 1 day,hrs.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATE	ebove, at 1 • 40A	m.	, death is said
9 Trade prefereion os pesticular		ormin.	were as follows:	P (	of importance	Data of onaat
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewif	'e	Dulbar	malysi	a Nusa	has 3403
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Home					
10. Date deceased last worked at this occupation (month and year)	11. Total t	ime (years) nt in this upation			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Virgi			Other Contributory Causes of Impor			111
2. BIRTHPLACE (city or town) (State or country)			Wegiras	lan Vin	enudr	1es /day
13. NAME Richard Heater.						
Vir	ginia					
(State or country)			Name of operation			5
15. MAIDEN NAME Matilda A	ppel.		What test confirmed diagnosis?			
Virg	inia		23. If death was due to external caus			7
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	Dai	te of Injury	, 19
7. INFORMANT W. R. Titus,	27.7		Where did Injury occur? Specify whether injury occurred in	(Specify city or to INDUSTRY, in HOME	wn, county and	State) PLACE.
(Address) Adams town, 8. BURIAL, CREMATION, OR REMOVAL	Md•					
	Date Feb.	15, 1932	Manner of injury Nature of injury			
9. UNDERTAKER M. R. Etchisc (Address) Frederick, Md			24. Wes disease or injury in any way			
0. FILED Faly 14, 1932 J	cly h !	Registrar.	(Signed) Assure	el 2	top	e M, D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
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Chronic interstitial nei		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 17 1932	July 5,1927	Peritonitis	3 days ago
	BUBLLU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL :	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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CAUSE mation NOIL

S. No.

state

plno

Langth of residence in city\_or town where death occurred 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular OCCUPATION 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 11. Total time (years) spent in this 10. Oata deceasad last worked at this occupation (month and occupation \_ Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or, country) What test confirmed diagnosis?. Was thera an autopsy?\_. MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? / June 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur? Lu 18 6 (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) 20. FILEO THE Registrar. (Address) ....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLIAU V.S.			
L. A. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11681
1. PLACE OF DEATH	(131)
county Fred.	Registration Dist. No. / 3/
Village or City Johns wille Acat	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	1 1 11
2. FULL NAME George Henry C	lay Wrehter
(a) Residence: No. Fresh. Co.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	Feb 18 193 2
Male while Willows	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Jacah ama Jongman	Feb 10, 1932, to Jeh 18, 1932
6. DATE OF BIRTH (month, day, and year) 7-16-1/852	I last saw h_Lm_alive on
7. AGE Years 79 Months Days 2 If LESS than	to have occurred on tho date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1.1
SAWYER, BOOKKEEPER, etc.	Serve Decay -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and spent in this	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation year)	
m. 1	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Inales & years
	following acula Bughto
E	Name of operation Oate of
14. BIRTHPLACE (city or town) (State or country)	Name ef operation Oate of What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
T	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)  (State or caunty)	Where did injury occur?
Meine Bur dale -	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	opens, themet injury countries in the section, in theme, of in the section is not
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Modstor Date Feb 20, 1932	
mrs & & P. tana	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER MVD. C. Pulyman (Address) W. M. M. M. Pulyman	If so, specify
11 11 11 11 11 11	(Signed) T, Hegg, M. D.
20. FILEO Feet, 19, 1932 M. A. Cillfular Registrar.	(Address)llllon
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must statc:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related can of importance were as follows:  Arteriosclerosis	Uses Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interestitial nonlimitia	1010	Run over by street car	1 wcek ago
Cerebral hemorrhage MAR 2	July 5, 1927	Peritonitis	1 week ago 3 days ago
+ AGORAG	7.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Place Mt. Olivet Cem. FredDate Feb. 5, 1, 19 32

Registrar.

If more blonks are needed, address State Benistrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

(Address) ...

M. R. Etchison & Son.

19. UNDERTAKER --- Frederick, Md.

20. FILED 3. Feley 19 3 2

(Address)

	Registration Dis	t. No. 13/	
Noath occurred in a hospital or instituted. How long in U.S. if o	tion, give its NAME in f foreign birth?		
St., Ward.	If nonresident give	e city or town and	State
MEDICAL CI	ERTIFICATE O	F DEATH	
1. DATE OF DEATH			0
Fe	ebruary 2,	(Day)	, 193 (Year)
2.   HEREBY	CERTIFY.	ch. In	deceased from, 1932
to have occurred on the date state	d above, at 7.30P	±_m.	7
The PRINCIPAL CAUSE OF DEAT were as follows:			Date of onset
olmir	va y	// /	53/
/ learn		-	
1000			-
Other Contributory Causes of impo	ortanoe:		3
Metakhe	Bow	P P	north
(Payment)	10000	2 1/2	
Name of operation.	July of	Onle of	autopsy/10
3. If death was due to external colu		also the following	g:
Accident, suicide, or homicide?	Date	e of injury	, I9
Where did Injury occur?			
Specify whether injury occurred in	(Specify city or town industry, in HOME	vn, county and Sta , or in PUBLIC PL	ACE.
Manner of injury			*************
Nature of injury			/
24. Was disease or inju <del>ry in</del> any w	ay related to occupatio	n of deceased?	10
If so, specify	t/		
10: 1	V	1	1

LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AR 4 1932	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

SIAIL C	OF MAR	7LAND—	CERTIFICATE OF DEATH UTO	Çυ
DS 1	: 1/2/1/19		Registration Dist. No. / 3/=	
County Treder			Registration Dist. No. )	x-0
Village or City	zh.		death occurred in a horpital or institution, give its NAME instead of street and nu	Ward
Length of residence In city or town where	death occurred	yrs,mos	ds. How long in U. S. if of foreign birth?yrsmos.	ds.
2. FULL NAME / Saly	Bon	Wagner		
(a) Residence: No. Lut C	(Usual place	of abode)	St., Ward.  If nonresident give city or town and S	tate
PERSONAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Mall 4. COLOR OR RACE		RRIED, WIDOWED. D (write the word)	21. DATE OF DEATH	193 <b>2</b> (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I attended de	acosed from
(or) WIFE of			19, to	
6. DATE OF BIRTH (month, day, and year)	lmay -	1-1932	I last saw h alive on, 19;	
7. AGE Years Months	D#ys	If LESS than	to have occurred on the date stated above, at $3130  P_{\rm cm}$	
		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				
4 9. Industry or business in which			Stiller	
work was done, as SILK MILL, SAW MILL, BANK, etc.			July 17 WC	
D. Date deceased last worked at this occupation (month and year)	spa	time (years) Int in this Upation		
year)		opation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)				
1 .1 . 1 . 1	· 1/10	aner.		
E	m was	mer.		
14. BIRTHPLACE (city or town) (State or country)	my		Name of operation	
/		Paris	What test confirmed diagnosis? Was there an au	topsy/
I O	At B	owner	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	10
16. BIRTHPLACE (city or town)  (State or country)	mil	4	Where did injury occur?	, 13
William M	2-12-1-		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	
17. INFORMANT (Address) Mrs. and	Ans.		opening whether mighty occurring in Proportion, in Promise, of the openin Texts	,
18. BURIAL, CREMATION, OR REMOVAL	D.		Manner of injury	
Place Troon Da	base of the	7 , 1932	Nature of injury	
19. UNOERTAKER LO. TM. MA (Address) Mindiale	es in	,	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 2 - Fiely , 1982 and	mee	Registrar.	(Signed) Startly Jaby Micery	, ma
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis  Company however have	1921	Run over by street car	1 week ago
Coreorat noncorriage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			us.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PI	PHYSICIAN
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certificate.

See instructions on back of

TION is very important.

N. B.-WRITE

of OCCUPA.

1. PLACE OF DEATH	(J31)
County Frederick	Registration Dist. No. 134
Village or City Test St many	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME albert & Wet	-01
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Fich 26, 1932  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE-of Susan Little	22. I HEREBY CERTIFY, That I attended dacasas from 19.32, to 2 - 26 19.82
6. DATE OF BIRTH (month, day, and year) Wars, 17 - 1866	liast saw h saw alive on. & _ & _ 19.8 2 death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
65 9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Chrone andocardels
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Coronary Thrombosis /2/5/31
work was done, as SILK MILL, Carpenter SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and 4/1/27 year)  11 Total time (years) spant in this occupation  12 Total time (years)	
12. BIRTHPLACE (city or town) Wz Earnints board	Other Soutributory Causes of importance:
(State or country) - Wangland	
표 13. NAME	
13. NAME  14. BIRTHPLACE (city or town) Joseph Welzel	Name of operation
(Stata of country)	What test confirmed diagnosis funcial there an autopsy? Ly
15. MAIDEN NAME Eultuour	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Lucleuseuse (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT truest weight	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cut. Dt many Data 2/29, 1932	Manner of injury
19. UNDERTAKER Ter. J. Shuff L.	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) funitely ud	If so, specify
20. FILED Febr 28, 1932 Mit Straff Registrar.	(Signed) Money W. D. (Address) Thurworth Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUBBAU V. S.	July 5,1927	Peritonitis	3 days ago
	, and		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	item	sho	of	1
	TE PLAINLY, THE UNFADING INK-THIS IS A PERMANEN RECORD. Every item	a should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	E OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
	RD.	[XS]	sta	
D	RECO	. PH	Exact	
	P	LY		
ING	ANE	CI	sified	
N	RM	XA	clas	
B	PE	d E	erly	cate
MARGIN RESERVED FOR BINDING	IS A	state	prop	is very important. See instructions on back of certificate.
ED	HIS	pe	pe	jo
RV]	H	plao	may	back
SE	INK	sh	t it	on
RE	NG	AGE	tha	Suoi
Z	ADI	d.	3, 80	ructi
ARG	NF	plie	erms	inst
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4	T	fully	pla 1	14.
	Y,	are	H in	rtai
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	PLA	pluc	F D	erv
	[E]	she	EO	1 5
	-			

			OF MAR	YLAND	CERTIFICATE OF DEATH 01685
3	. PLACE OF DEAT				107-0
	County Freder Village or City Fre				Registration Dist. No. / 2 =
	Village or City	202 102		(If	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city	or town whare	death occurred	yrsmos	ds. How long in U.S. if of foreign birth? yrsmos ds.
2	. FULL NAME	Mrs. Sa	allie Kat	e Willard.	
	(a) Residence: No	306 W.	. Patrick		St., Ward.
gambleode	PERSONAL AND	CTATIC	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. 5		OR RACE	5, SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH February 28th., 192
5a.	If married, widowed, or divore HUSBAND of	ced	Willard.		(Month) (Day) (Year)  22.   HEREBY CERTIFY, That I attended deceased from
-		-	ot. 10. 1	864	Feb. 25, 1932, to 726, 28, 1932 Hast saw h er alive on 726, 28, 1932; death is said
_	DATE OF BIRTH (month, day, AGE Years	and year) Months	Days	If LESS than	to have occurred on the date stated above, at _6454 m.
-	67	4	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:
LION	8. Trada, profession, or par kind of work done, a SAWYER, BOOKKEEP		Housewife	)	- A
OCCUPATION	9. Industry or business in work was dona, as SI SAW MILL, BANK, et	LK MILL,	At Home		Carundo - pheunous
Ö	10. Date deceased last work this occupation (monty year)	th and	Sp6	time (years) ent in this upation	
12.	BIRTHPLACE (city or town) (State or country)	Maryla	and		Other Contributory Causes of Importance:
ER	13. NAME F. Tobis	s Main.			
FATH	14. BIRTHPLACE (city or tow (State or country)	(n) Mar	yland.		Name of operation
œ		ary Shaf	fer.		What test confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or tow (Stata or country)		land		23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?, 19,  Where did injury occur?,
17.		. B. Wi	9.4		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR RE		DateMar	ch 1, 19 32	Menner of injury
19.	UNDERTAKER M. R. (Address) Freder	Etchiso		A - 1	24. Wes disease or injury in any way related to occupation of deceased?
20.	FILED J-luarch, 1	^	7 1	Cuelly Registyar.	(Signed) Office M. D. (Address) Padenthy Mad
		If mor	e blanks are needed,	address State Hegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of dear of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAR 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis .	1 year

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 016	56
County Frederick	Registration Dist. No. /3	3
	No. St, (If death occurred in a hospital or institution, give its NAME instead of street and n	
See 1 1 per	ds. How long In U.S. if of foreign birth?mo	sds.
2. FULL NAME Marshal Min	evrener	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winter the word)	21. DATE OF DEATH February 7, (Day)	, 193 2 (Yoar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	Jan. 11, 19 32, to Feb. 7,	
6. DATE OF BIRTH (month, day, and year) Rug. 1846	last saw h_im_alive on_Feb. 7, 19.32	; death is said
7. AGE Years Months Oays If LESS than 1 day,hr	to have occurred on the date stated above, at . 8 • 4 9 Pb M •  The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  11. Total tima (years) this preparation (month and specific this preparation (month and s	Arterio-sclerosis	5 yrs
SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation (month and year)  occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State er country)		
13. NAME Rev John Kinebrener	/	
13. NAME / CV, John Winewrener  14. BIRTHPLACE (city of town) Common (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Mary to Mitchell 16. BIRTHPLACE (city or town) Constant or country) 17. INFORMANT Mary Robert Sr. Mobert (Address)	23. If death was dua to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Data of injury  Whera did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL/	, 19 e)
18. BURIAL, CREMATION, OR, REMOVAL Ca. Sell. 9, 1930	Manner of Injury	
19. UNOERTAKER Med Kills Cutman (Address) Vacheroulle, md	24. Was disease or injury in any way related to occupation of deceased?	J
20. FILED Fel 8, 1932 Mrs. Lulu Wright	(Adgress) Machiniville	m. c

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I *		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11687
1. PLACE OF DEATH	200
County Frederick	Registration Dist. No. 131
Villago or City Frederick	No Mosty Hoospital St., 3 Ward
, ,	death occurred in a hospital or institution, give its NAME instead of street and number)  O ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Mo. Winshin	gler
(a) Residence: No. 119 Water	St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Mosele White Sources	21. DATE OF DEATH  Jeh  (Month)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of Coamsilton	22. I HEREBY CERTIFY, That I attended deceased from 7eb 13 132 to 7eb 14 1932
6. DATE OF BIRTH (month, day, and year) (Oct // /876	I last saw ham alive on Fety V , 19-3 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.125
55 4 3 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Day Work.	Fracting Stull
S. Industry or business in which	( + f a + )
	mud ( ag lento)
10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Frederick 60	Dther Contributory Causes of importance:
(State or country) Many Land	
13. NAME Scharles Winhigler	
14. BIRTHPLACE (city or town) Frederick Loo	Name of operation Date of
(State or country) Manyland	What test confirmed diagnosis?
15. MAIDEN NAME Mary 6. Joy	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Moary 6. Joy 16. BIRTHPLACE (city or town) Frederich 60	Accident suicide, or homicide?
(State or country) Masyland	Where did injury occur Sheet in Tredendity  (Specify city or town, county and State)
17. INFORMANT Alis Ventugler (Address) Frederick Idraction	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL-CREMATION, DR REMOVAL	Manner of injury Rocking J Kyll
Place Not Olivet ben Date Feb 17, 1982	Nature of Injury
19. UNDERTAKER Thomas To Thice (Address) Firederick Mod.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 13 - Suly 1932 may meluly	(Signed) Shoma 6- M. D.
Registrar.	(Address) Fuldenillis
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitut ne phritis . - 1 / E 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago MAR 4 1932 Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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6. T. Thomas

No.

N. B.

	0	DEATH		
Co	ounty Freder	e l		
Ville	ge or City hur	Mushel	(No	.,
	² FULL NAM	E Coetrus	ue Ely	elette
	PERSONAL AN	ND STATISTICAL	PARTICUL	ARS
8 81	ewale n	There	SINGLE, MARRIED, WIDOWED OR DIVORCED Write the word	
6 D.	ATE OF BIRTH			
	gardical control of a	9 - (Month)	/3-	1.8.3.7. (Year)
7 AG	F 94	3^ mos	lf I	LESS than dayhrs.
(a	CUPATION Trade, profession of articular kind of wor	or Ros	u	
/(b	) General nature of	industry	whole of	interior
(b)	) General nature of	ment in Head		ului.
(b)	) General nature of usiness, or establish hich employed or (o RTHPLACE	Fudureh	Co. 7.	ud
(b) w	) General nature of usiness, or establish hich employed or (o RTHPLACE (State or country)	Fudursh		ud
(b)	OGeneral nature of isiness, or establish hich employed or (of RTHPLACE (State or country)  NAME OF FATHER  IN BIRTHPLACE OF FATHER	Fudureh Thrus Martin	Co. V. arthing	ud
ARENTS & A	OGENERAL DESTRUCTION OF PATHER  IN BIRTHPLACE OF FATHER  STATE OF COUNTY  AND CONTROL OF CO	Fudures Moures  Fudures  Thrus Mary Fudures  Kurrette	Co. V. arthing	ud

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Nood St:	Ward)	(If death occurred is a hospital or institution, give its NAME in stead of street an number.)
MEDICAL CERT	TIFICATE (	OF DEATH
16 DATE OF DEATH	0	13 - 1003 7
	(Month)	(Day), 1927.
17 I HEREBY CERTIFY,		ended the decessed from
March 20 - 1922	•	
that I last saw h.Malive o		13 - , 1007,
and that death occurred on the		
The CAUSE OF DEATH % was		
Sevile arte		hadid
	4	
Contributory Caldese	Suration)	Tuefoly, chrown
Contributory Cardese Secondary reflection (Signed) Gray H. M.	byfar.	wwiller Hed
(Signed)  State the Disease Cau Violent Causes, state (1) id Accidental, Suicidal or Hom	Duration)	or, in deaths from ury: and (2) whether
(Signed)  State the Disease Cau Violent Causes, state (1) id Accidental, Suicidal or Hom  18 LENGTH OF RESIDENCE	Duration)	or, in deaths from ury: and (2) whether
(Signed)  State the Disease Cau Violent Causes, state (1) if Accidental, Suicidal or Hom  18 LENGTH OF RESIDENCE ionts, or Recent Residents)	Duration)	or, in deaths from ury: and (2) whether
Contributory Cordise Secondary replants  (Signed) — 1923. (Address  *State the Disease Cau Violent Causes, state (1) M Accidental, Suicidal or Hom  18 LENGTH OF RESIDENCE ionts, or Recent Residents)  At place of death yis mos da, Where was disease contracted,	Duration)	M. M
Contributory Cordise Secondary replants  (Signed) — 1923. (Address  *State the Disease Cau Violent Causes, state (1) M Accidental, Suicidal or Hom  18 LENGTH OF RESIDENCE ionts, or Recent Residents)  At place of death yis mos da, Where was disease contracted,	Duration)	M. M
Contributory Cordise Secondary Secon	Duration)	M. M
Contributory Cordise Secondary referrities  (Signed) 19232. (Address State the Disease Cau Violent Causes, state (1) if Accidental, Suicidal or Hom  18 LENGTH OF RESIDENCE ients, or Recent Residents)  At place of death yismosda. Where was disease contracted, if not at place of death?  Former or usual residence.	Duration)	or, in deaths from ury: and (2) whether itals, Institutions, Tras

\* more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired thous or given up on account of the disease causing de Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer Wer Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cholic to report specifically the occupations of persons en ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully em definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an household only (not paid Housekeepers who receive a worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parguits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc For many occupations a single word or term or -Coal mine, etc. Wom-As examples: (a) 41114=

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

wingin. thre of the injury, as fracture of skull, and conse-Comenclature of the American Medical Association.) head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or ment of cause of death approved by Committee on as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal Poisdned by carbolic acid—probably suicide. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorcausing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Measles (merely (disease "Con-

Lifthis certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR